

**STATE OF RHODE ISLAND
AGENCY-BASED VOTER REGISTRATION**

SITE MONTHLY ACTIVITY REPORT

* Site Coordinator must also complete the back of this form*
Submit this form to your assigned agency coordinator at one of the following state agencies:

Site: _____		MONTH _____ <small>MONTH & YEAR</small>	
Number of Persons Applying/Reapplying for Services/Assistance, Change of Address	Number of Persons Registering to Vote (YES)	Number of Persons Who Declined To Register to Vote On-Site.	
		NO	FORM MAILED TO CLIENT
<u>SITE COORDINATOR CERTIFICATION</u>			
I hereby certify that I am this site's authorized voter registration coordinator, and I have truthfully and accurately completed this form* in conformance with the provisions of the National Voter Registration Act of 1993 (NVRA), based on information I have received from our listed registration agents.			
Site Coordinator Print Name: _____		Date: _____	
Organization and Address: _____		Phone: _____	
E-mail _____		SIGNATURE: _____	

RI Department of Behavioral Healthcare, Development and Hospitals
RI Department of Health WIC Program
RI Department of Human Services
RI Office of Rehabilitative Services
Health Source RI
RI Office of Health and Human Services
RI Department of Corrections

If you are unsure who your assigned agency coordinator is, contact Gerry Bedrick at the RI Office of Health and Human Services at (401) 462-2387

