



Rhode Island Department of Health
 Three Capitol Hill
 Providence, RI 02908-5097

CITATION/ACCOUNT NUMBER:

LOCATION

THE UNDERSIGNED STATES THAT HE/SHE IS INFORMED THAT THE VIOLATION OF 216-RICR-50-15-7 AND/OR ONE OR MORE EXECUTIVE ORDERS, AS DEFINED IN 216-RICR-10-05-5

OCURRED ON	TIME	IN
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AT

WITNESS	BADGE NUMBER (IF APPLICABLE)
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WITNESS	BADGE NUMBER (IF APPLICABLE)
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RESPONDENT

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
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DATE OF BIRTH	SEX	LICENSE STATE	DRIVER'S LICENSE NUMBER
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ADDRESS	BUSINESS NAME
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CITY	STATE	ZIP CODE
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CHARGED VIOLATIONS

VIOLATION CODE	DESCRIPTION	FINE
<input type="checkbox"/> SOCIAL GATHERING (INDOOR) (EO 20-67)		
<input type="checkbox"/> SOCIAL GATHERING (OUTDOOR) (EO 20-67)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

FIRST OFFENSE: \$100 SECOND OFFENSE: \$250 THIRD OR ADDITIONAL OFFENSE: \$500 TOTAL AMOUNT DUE

PAYMENT

ADMINISTRATIVE PAYMENT ADDRESS:
 RHODE ISLAND DEPARTMENT OF HEALTH
 3 CAPITOL HILL
 PROVIDENCE, RI 02908
 ATTN: COVID-19 ENFORCEMENT

Your payment must be sent to the Rhode Island Department of Health (RIDOH) **not later ten (10) days after the date of this citation.** Acceptable forms of payment are as follows: 1) credit card paid online on the Rhode Island Central Collections Unit website at <https://appengine.egov.com/apps/ri/CCUPay> or 2) check, money order, or certified cashier's check payable to Rhode Island General Treasurer and mailed to the address [at left]. **Include a copy of this citation and write the citation number on your check. Do not mail cash.**

Pursuant to R.I. Gen. Laws Chapter 42-35, you have the right to an administrative hearing if you dispute this citation. If you wish to request such a hearing, you must do so in writing not later than ten (10) days after the date of this citation. Such request may be made by mail to the address [above] or by email at doh.prcompliance@health.ri.gov. **Include a copy of this citation.** Failure to timely request a hearing shall constitute waiver of your right to a hearing. Payment of the fine(s) shall also constitute waiver of your right to a hearing. If you fail to timely pay the fine or request a hearing, as set forth above, RIDOH may take such actions including, but not limited to, referral to the State of Rhode Island Central Collections Unit pursuant to R.I. Gen. Laws § 42-142-8 and/or commencement of enforcement proceedings in Rhode Island Superior Court.

SIGNATURE

I certify that the facts contained herein are true, and I served this citation upon the Respondent in person or by certified mail or other sufficient means to the Respondent's last known address.

ISSUED BY (PRINT NAME)

SIGNATURE	DATE
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DELIVERED TO RESPONDENT:
 IN HAND/AGENT CERTIFIED/REGISTERED MAIL OTHER: _____