



**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
AT		
WITNESS	BADGE NUMBER (IF APPLICABLE)	
WITNESS	BADGE NUMBER (IF APPLICABLE)	

**RESPONDENT**

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

**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"/>		
<b>TOTAL AMOUNT DUE</b>		

**PAYMENT**

<b>ADMINISTRATIVE PAYMENT ADDRESS:</b>	Your payment must be sent to the Rhode Island Department of Health (RIDOH) <b>not later than ten (10) days after the date of this citation.</b> Payment must be made via check, money order, or certified cashier's check and made payable to Rhode Island General Treasurer and mailed to the address at left. <b>Include a copy of this citation and write the citation number on your check. Do not mail cash.</b>
RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL PROVIDENCE, RI 02908 ATTN: COVID-19 ENFORCEMENT	

Pursuant to R.I. Gen. Laws Chapter 42-35, you have the right to an administrative hearing if you dipute 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](mailto: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.

<b>ISSUED BY (PRINT NAME)</b>	
SIGNATURE	DATE

**DELIVERED TO RESPONDENT:**  
 IN HAND/AGENT     CERTIFIED/REGISTERED MAIL     OTHER: \_\_\_\_\_