| CITATION/ACCOUNT NUMBER                                 | D.                |             |                     |         |   |             |  |            |  |
|---|-------------------|-------------|---------------------|---------|---|-------------|--|------------|--|
| CITATION/ACCOUNT NUMBE                                  | к:                |             |                     | LOCA    | TION  |             |  |            |  |
| THE LINDERSIGNED STATES THAT HE/SHE                     | IS INFORM         | IED THAT TH |                     |         |   | AND/OR ON   | NE OR MORE EXECUTIVE ORDERS, AS DEFINED IN 216-RIC   | R-10-05-5  |  |
| OCCURRED ON TIME  |                   |             |                     |         | IN  | (IVD/OIL OI | VE ON MORE EXECUTIVE ONDERS, 7.5 DETINED IN 210 INC  | 11 10 03 3 |  |
| AT  |                   |             |                     |         |   |             |  |            |  |
| WITNESS   |                   |             |                     | BAD     | OGE NUI   | MBER (IF    | F APPLICABLE)  |            |  |
| WITNESS   |                   |             |                     |         | BADGE NUMBER (IF APPLICABLE)  |             |  |            |  |
|   |                   |             | RE                  | ESPOI   | NDENT   |             |  |            |  |
| FIRST NAME MIDDLE INIT                                  |                   |             |                     |         |   |             |  |            |  |
|   |                   |             |                     |         |   |             |  |            |  |
| DATE OF BIRTH   | SEX LICENSE STATE |             |                     |         | DRIVER'S LICENSE NUMBER   |             |  |            |  |
| ADDRESS   |                   |             |                     |         | BUSINESS NAME   |             |  |            |  |
|   |                   |             |                     |         |   |             |  |            |  |
| CITY  |                   |             |                     |         | STATE   |             | ZIP CODE   |            |  |
|   |                   |             | CHARC               | GED V   | /ΙΟΙ ΔΤΙ  | ONS         |  |            |  |
| CHARGED VIOLATIONS  VIOLATION CODE DESCRIPTION          |                   |             |                     |         |   |             | DESCRIPTION  | FINE       |  |
| □ SOCIAL GATHERING (INDOOR) (EO 20-67)                  |                   |             |                     |         | DESCRIPTION   |             |  | +          |  |
| ☐ SOCIAL GATHERING (OUTDOOR) (EO 20-67)                 |                   |             |                     |         |   |             |  |            |  |
|   |                   |             |                     |         |   |             |  |            |  |
|   |                   |             |                     |         |   |             |  |            |  |
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| ☐ FIRST OFFENSE: <b>\$100</b> ☐ S                       | ECOND C           | )FFENSE:    | \$250 <b>□</b> THIF | RD OF   | R ADDIT   | IONAL C     | DFFENSE: <b>\$500</b> TOTAL AMOUNT DUE   |            |  |
|   |                   |             |                     | PAYN    | /IENT   |             |  |            |  |
| ADMINISTRATIVE PAYMENT ADDRESS: Your payment must be se |                   |             |                     |         |   | to the R    | hode Island Department of Health (RIDOH) no  | ot         |  |
|   |                   |             |                     |         | 10) days after the date of this citation. Payment must be made via  |             |  |            |  |
| I DDOV/IDENICE DI 02000                                 |                   |             |                     |         | order, or certified cashier's check and made payable to Rhode Island  |             |  |            |  |
| ATTN: COVID-19 ENFORCEMENT                              |                   |             |                     |         | rer and mailed to the address at left. <b>Include a copy of this citation and</b> n number on your check. Do not mail cash. |             |  |            |  |
|   |                   |             | write the citation  | on nu   | mber on   | your cn     | eck. Do not mail cash.   |            |  |
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|   |                   |             |                     |         |   |             | learing if you dipute this citation. If you wis the date of this citation. Such request may  |            |  |
| made by mail to the address [a                          | above] or         | r by emai   | l at doh.prcom      | plian   | ce@hea  | lth.ri.go   | v. Include a copy of this citation. Failure  | e to       |  |
|   |                   |             |                     |         |   |             | t of the fine(s) shall also constitute waiver on the fine (s) shall also constitute waiver of the fine fine fine fine fine fine fine fin   |            |  |
|   |                   |             |                     |         |   |             | n above, RIDOH may take such actions incit<br>rsuant to R.I. Gen. Laws § 42-142-8 and/or   | iaing,     |  |
| commencement of enforceme                               |                   |             |                     |         |   |             |  |            |  |
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| sufficient means to the Respor                          |                   |             |                     | this ci | tation u  | ipon the    | Respondent in person or by certified mail  | or other   |  |
| ISSUED BY (PRINT NAME)                                  |                   |             |                     |         |   |             |  |            |  |
| SIGNATURE   |                   |             |                     |         | DATE  |             |  |            |  |
| DELIVERED TO RESPONDENT:                                |                   |             |                     |         |   |             |  |            |  |
|   | RTIEIED/I         | REGISTER    | ED MAII             | ПОТ     | HER.  |             |  |            |  |