



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

<b>CITATION/ACCOUNT NUMBER:</b>		
<b>LOCATION</b>		
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)	

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

<b>CHARGED VIOLATIONS</b>		
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"/>		
<input type="checkbox"/> FIRST OFFENSE: <b>\$100</b> <input type="checkbox"/> SECOND OFFENSE: <b>\$250</b> <input type="checkbox"/> THIRD OR ADDITIONAL OFFENSE: <b>\$500</b>		TOTAL AMOUNT DUE

<b>PAYMENT</b>	
<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 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](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.

<b>SIGNATURE</b>	
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
<b>DELIVERED TO RESPONDENT:</b>	
<input type="checkbox"/> IN HAND/AGENT <input type="checkbox"/> CERTIFIED/REGISTERED MAIL <input type="checkbox"/> OTHER: _____	