



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 20-58)		
<input type="checkbox"/> SOCIAL GATHERING (OUTDOOR) (EO 20-58)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> FIRST OFFENSE: \$100 <input type="checkbox"/> SECOND OFFENSE: \$250 <input type="checkbox"/> THIRD OR ADDITIONAL OFFENSE: \$500		TOTAL AMOUNT DUE

PAYMENT

ADMINISTRATIVE PAYMENT ADDRESS:	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.
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. **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

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