



Rhode Island
Traffic Tribunal

670 New London Avenue
Cranston, Rhode Island 02920-3081
(401) 275-2700

PROOF OF SERVICE FORM

FOR CASE NUMBER (OR SUMMONS NUMBER): _____

COURT DATE: _____

I hereby certify that on _____ I served a certified copy of the APPEAL FORM to:

- () Department of the ATTORNEY GENERAL (for Breathalyzer Cases Only)
- () POLICE DEPARTMENT (For Traffic Tribunal or Municipal Court Appeals)
- () REGISTRY OF MOTOR VEHICLES (For Safety Responsibility Appeals)

Appellant's Name

Signature

Serve By: _____

ACKNOWLEDGMENT OF SERVICE

On _____ I acknowledge receipt of service of the CERTIFIED COPY of the PETITION FOR REVIEW OF AGENCY DECISION.

Signature

Date