Appendix B

Request to Inspect and/or Copy Public Records
Pursuant to Chapter 38-2 entitled “Access to Public Records”
Department of Administration, One Capitol Hill, Providence, Rhode Island 02908
Tel: (401) 222-8880 Fax: (401) 222-8244

Request to Inspect Records: ________________ Request to Obtain Copies: ________________

REQUESTOR’S INFORMATION

NAME OF REQUESTOR: ______________________________________________________________________

NAME OF BUSINESS (if applicable): _______________________________________________________________

STREET ADDRESS: ____________________________________________________________________________

CITY, STATE & ZIP CODE: ______________________________________________________________________

TELEPHONE NO: ______________________________ FAX NO: ________________________________________

E-MAIL ADDRESS: _____________________________________________________________________________

RECORDS REQUESTED:

Title and Identification Number of record(s) requested (if known)
_______________________________________________________________________________________________

If above information not known, provide a description of the records requested. If more space is needed, please attach a separate sheet to this form.
_______________________________________________________________________________________________

Please state the name and title of person within the Department having possession of records, if known.
_______________________________________________________________________________________________

(Note: The Department reserves its right to claim that records are exempt from disclosure, as stated in the Access to Public Records Act. If the Department so claims, you will be notified in writing.)

FORMAT REQUESTED: _______ Paper _______ Fax _______ Electronic attachment

SIGNATURE OF REQUESTOR: __________________________________________________________________

PRINTED NAME: ______________________________________________________________________________

DATE: ________________________________________________________________________________________