

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

A request for public records need not be made on this form and may be made verbally, as long as the request is otherwise readily identifiable as a request for public records. In making a records request, a person is not required to provide personally identifiable information about him/herself.

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: _____