



**Request to Inspect and/or Copy Public Records
Pursuant to Chapter 38-2 entitled "Access to Public Records"**

Department of Administration, Division of Legal Services
One Capitol Hill, Providence Rhode Island, 02908

Tel: (401) 222-8880

Fax: (401) 222-8244

This Request Form must be completed, signed and returned to the above address. Copies of this form may be requested by e-mail, phone call, or fax. Instructions regarding the use of this form are contained in the document entitled "Policies and Procedures for the Request of Records Maintained by the Department of Administration".

Request to Inspect Records: _____ Request to Obtain Copies: _____

REQUESTOR'S INFORMATION:

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) _____

Description of records requested. If you need more space, please attach a separate sheet to this form.

FORMAT REQUESTED: _____ Paper _____ Fax _____ E-mail (if available)

Please indicate whether records requested DO _____ DO NOT _____ relate to pending litigation involving the State of Rhode Island. Please state the court and case number, if applicable:

SIGNATURE OF REQUESTOR

PRINTED NAME: _____

DATE: _____

