RHODE ISLAND ETHICS COMMISSION

PUBLIC RECORDS REQUEST FORM ACCESS TO PUBLIC RECORDS ACT

Date:				
Name (optional):				-
Address (optional):				-
Telephone (optional				-
Fax number (optional	al):			_
Email address (option	onal):			_
Type of Request:	Inspect Records	S Copies of Records		
Manner of delivery:	Email	US mail Fax	Pick-up	
Requested Records:				
OFFICE USE ONI	Υ			
Request taken by:		Request completed	by:	
Date:	_ Time:			
Records to be availa	ble on:			
Mail:	_ Pick-up:	Email:	Fax:	
Records Provided: _				
Costs: Conies:	Coore	h and Patriaval:	Total:	

Rhode Island Ethics Commission
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