

RHODE ISLAND ETHICS COMMISSION

PUBLIC RECORDS REQUEST FORM
ACCESS TO PUBLIC RECORDS ACT

Date: _____

Name (optional): _____

Address (optional): _____

Telephone (optional): _____

Fax number (optional): _____

Email address (optional): _____

Type of Request: Inspect Records Copies of Records

Manner of delivery: Email US mail Fax Pick-up

Requested Records: _____

OFFICE USE ONLY

Request taken by: _____ Request completed by: _____

Date: _____ Time: _____

Records to be available on: _____

Mail: _____ Pick-up: _____ Email: _____ Fax: _____

Records Provided: _____

Costs: Copies: _____ Search and Retrieval: _____ Total: _____