



PUBLIC RECORDS REQUEST FORM
UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

E-Mail Address (optional) _____

Requested Records: _____

*Forward this document to the
Department of Health - ATTN: Pamela Lopes
Office of Legal Services, Room 404
Three Capitol Hill, Providence RI 02908
Fax: (401) 222-1797*

If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the Department reserves its right to claim such exemption.

Note: If you choose to pick up the records, but did not include identifying information on this form (name, etc.), please contact Pamela Lopes at (401) 222-1036 with the date you made the request and the records requested.

OFFICE USE ONLY

Request taken by: _____ Request Assigned to: _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pick Up _____

Records provided: _____

Costs: _____ copies _____ search and retrieval