

Town of East Greenwich

125 Main Street

East Greenwich, Rhode Island 02818

Phone: (401) 886-8605 Fax: (401) 886-8625

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: _____ Request Number: _____
(given by Official)

Name (optional): _____

Mailing Address (optional): _____

EMAIL Address (optional): _____

Telephone (optional): _____

Requested Records*: _____

* If, after review of your request, the designated public officer determines that the requested records are exempt from disclosure for a reason set forth in the RIGL §38-2-2(4), the Town reserves the right to claim such exemption.

If these records are not readily available at the time of your request, please check how you wish to receive the records when available:

_____ Pick Up In Person _____ Via Email _____ Via Regular Mail

Office Use Only

Request taken by: _____ Request Number*: _____

Date: _____ Time: _____ Records to be available on: _____

Date sent via: _____ Pick up _____ Email _____ Regular Mail

Records Provided: _____

Cost: _____ Copies: _____ Search and Retrieval: _____

* If you choose to pick up the requested records but did not include identifying information on this form (name, address, etc.), please provide the designated public officer with the Request Number.