

Request to Inspect and/or Copy Public Records
Access to Public Records

State of Rhode Island, Department of Human Services



Pursuant to R.I.G.L. § 38-2-1 et seq.

This form must be completed, signed and returned to:

R.I. Department of Human Services

Office of Legal Services

600 New London Avenue - Bldg 57

Cranston, RI 02920

Tel. (401) 462-2326

Fax (401) 462-1678

REQUESTOR'S INFORMATION:

NAME OF PERSON MAKING REQUEST: _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE NO: _____ FAX NO: _____

E-MAIL ADDRESS: _____

RECORDS REQUESTED: Request to inspect: _____ Request for copies: _____

Title and/or Description of Document(s) Requested: _____

Documents requested ARE _____ ARE NOT _____ sought for the purposes of pending litigation involving the State of Rhode Island.

Date

Signature of Requestor