

Town of West Greenwich Town Hall

280 Victory Highway
West Greenwich, Rhode Island
Telephone: 401-392-3800

West Greenwich Clerks Office

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: _____
Name (optional) _____
Address (optional) _____
Telephone (optional) _____
Requested Records: _____

[Please use the back of this form if more space is needed.]

If these records are not readily available at the time of your request, please advise whether you desire to _____ Pick up the records, or _____ have them delivered by regular mail.

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#### OFFICE USE

Request taken by: \_\_\_\_\_ Request Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Records to be available on \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_  
Records provided: \_\_\_\_\_  
Costs: \_\_\_\_\_ (Copies) \_\_\_\_\_ Search and Retrieval Time \_\_\_\_\_

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West Greenwich Clerks Office Access to Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the Clerks Office.
If, after review of your request, the Clerks Office determines that the requested records are exempt from disclosure for a reason set forth in the Rhode Island General Laws Section 38-2-2(4), the Town reserves the 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 inform the clerk at the front desk of the date you made the request, records requested, and Request Number _____.

Thank you.