

# Town of West Greenwich



## Request for Copies of Land Evidence

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Document Requested: \_\_\_\_\_

Book & Page: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Certify Document?: \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_

Cost for copies of recorded documents is \$1.50 per page. An additional fee of \$3.00 will be charged to certify a document.

Please make checks payable to **TOWN OF WEST GREENWICH** and include a self addressed stamped envelope with your request.

If this is a public records request; Pursuant to RIGL 38-2-2-(4), please visit the following link:  
<http://www.wgtownri.org>