



# 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