

Town of West Greenwich Town Hall

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

West Greenwich Clerk=s 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.

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

West Greenwich Clerk=s Office B Access to Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the Clerk=s Office. If, after review of your request, the Clerk=s 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.