



PUBLIC RECORDS REQUEST FORM  
UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date \_\_\_\_\_

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

Telephone (optional) \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

Requested Records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Forward this document to the  
Department of Health - ATTN: Shannon Healy  
Office of Legal Services, Room 404  
Three Capitol Hill, Providence RI 02908  
Fax: (401) 222-1797*

If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the Department reserves its 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 contact Shannon Healy at (401) 222-1014 with the date you made the request and the records requested.

**OFFICE USE ONLY**

Request taken by: \_\_\_\_\_ Request Assigned to: \_\_\_\_\_

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

Records to be available on: \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Records provided: \_\_\_\_\_

Costs: \_\_\_\_\_ copies \_\_\_\_\_ search and retrieval