

Warren Town Clerk's Office
Request for Records
Under the Access to Public Records Act

Please Print

Date: _____

Name (Optional): _____

Address: _____

City, State, Zip Code (Optional): _____

Telephone number: _____

Requested Records: _____

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ Pick up the records or _____ Mail the records to the above address via regular mail.

Access to Public Records Request receipt. If you desire to pick up the records, they will be available no later than ten (10) business day from the date of this request. If, after review of your request, the Clerk's Office determines that the requested records are exempt from the disclosure for a reason set forth in R.I. General Laws Section 38-2-2(4)(I)(A) through (W), the Clerk's Office reserves its right to claim such exemption. Note: If you chose to pick up the records, but did not include identifying information on this form (name, etc.), please inform the clerk of the date you made the request, type of records requested.

Official use only

Request taken by: _____ Date: _____

Records to be available on: _____ Mail: _____ Pick up: _____ Total Cost: \$ _____

Search & Retrieval fee: \$ _____ Postage fee: \$ _____ Number of copies _____ Total Cost: \$ _____