

EXECUTIVE OFFICE OF HEALTH AND
HUMAN SERVICES

WOMAZETTA JONES, SECRETARY

Virks Building
3 West Road, Cranston RI 02920

PUBLIC RECORDS REQUEST FORM
UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

E-Mail Address (optional) _____

Requested Records: _____

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

Forward this document to the Executive Office of Health and Human Services - ATTN: Judy Greene

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 **Judy Greene** at (401) 462-2326 with the date you made the request and the records requested.

Thank you.