EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

RICHARD CHAREST, 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 Execut (<u>judy.greene@ohhs.ri.gov</u>) or fax		Human Services - ATTN: Ju	dy 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.