

TOWN OF SMITHFIELD

**REQUEST FOR RECORDS UNDER THE
ACCESS TO PUBLIC RECORDS ACT**

Date _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____ E-Mail (optional) _____

Note: Contact information is optional but would be helpful in providing a cost estimate and contacting you when documents are ready or if additional information is needed.

Requested Records: _____

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

_____ inspect the records.

-or-

_____ pick up copies of the records.

-or-

_____ have copies of the records mailed to: _____

-or-

_____ have copies of the records sent by facsimile or e-mailed to: _____

If, after review of your request, the Town determines that the requested records are exempt from disclosure under the Access to Public Records Act, the Town reserves the right to claim such exemption.

OFFICE USE ONLY

(date stamp)

Request Taken By: _____

Records Provided

(date): _____

Costs: See the Procedures for the fee schedule.

Search & Retrieval	\$	Copies	\$	Total	\$
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**Smithfield Town Clerk
64 Farnum Pike
Smithfield, RI 02917
(401) 233-1000**