



Cranston Public Library

140 Sockanosset Cross Rd, Cranston, RI 02920

# PUBLIC RECORDS REQUEST FORM

## UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date \_\_\_\_\_

Name (*Optional*) \_\_\_\_\_

Address (*Optional*) \_\_\_\_\_

Telephone (*Optional*) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

Request taken by: \_\_\_\_\_ Request Number \_\_\_\_\_

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

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

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

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

### CRANSTON PUBLIC LIBRARY - PUBLIC RECORDS REQUEST RECEIPT

If you desire to pick up the records, they will be available on \_\_\_\_\_ in the Administration Office.

If, after review of your request, the Library determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the Library 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 receptionist in the Administration Office of the date you made the request and records requested.*