



Rhode Island Commerce Corporation
Public Records Request Form under the Access to Public Records Act
(R.I. Gen. Laws §38-2-1 et seq. the "Act")

Date _____ Request Number _____
Name (optional) _____
Address (optional) _____

Telephone (optional) _____
E-mail (optional) _____
Fax (optional) _____
Requested Records: _____

OFFICE USE ONLY

Request taken by: _____ Request Number _____
Date: _____ Time: _____
Records to be available on: _____ Mail ___ E-mail ___ Facsimile ___ Pick Up ___
Records provided: _____
Costs: _____ copies _____ search and retrieval
Payment received: Yes ___ No ___

Forward this Document to the Communications Department

Rhode Island Commerce Corporation- Public Records Request Receipt

Commerce RI will make every reasonable effort to honor the request within ten (10) business days. If you desire to pick up the records, they will be available on _____ during normal business hours (Monday through Friday, 8:30 a.m. to 4:30 p.m. excepting state and federal holidays) at the front desk OR at that time, Commerce RI will explain in writing the need for up to an additional twenty (20) business days to comply with the request. If the description of the records sought in the request is not sufficient to allow Commerce RI to identify and locate the requested records, Commerce RI will notify you before or at the time stated above that additional information is needed. If, after review of your request, Commerce RI determines that the requested records are exempt from disclosure for a reason set forth in the Act, Commerce RI reserves its right to claim such exemption as permitted by the Act.

Note: If you choose to pick up the records or inspect them at Commerce RI's office on the date set forth above but did not include identifying information on this form (such as your name and contact information etc.), please inform the receptionist at the front desk of the date you made the request, the records requested and request number.

Thank you.