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.