



STATE OF RHODE ISLAND
 DEPARTMENT OF HUMAN SERVICES
 Kimberly Merolla-Brito, Acting Director
 25 Howard Avenue, Bldg. 57, Cranston, Rhode Island 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: _____

Forward this document to the Department of Human Services ATTN: Linda Shumate or Justine Fitzpatrick

Email: DHS.Contact@dhs.ri.gov **Fax:** 401-462-6594 **Mail:** 25 Howard Ave., Cranston, RI 02920

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 chose not to include identifying information on this form (name, e-mail, etc.), please contact Linda Shumate or Justine Fitzpatrick at DHS.Contact@dhs.ri.gov or (401) 462-2121 with the date you made the request, the records requested, and how you would like to receive the Department's response. Please note a public body has ten (10) business days to respond to a public records request and may extend the time to respond by an additional twenty (20) business days for good cause. Thank you.