



PUBLIC RECORD REQUEST FORM

UNDER THE ACCESS TO PUBLIC RECORDS ACT R.I. GEN. LAWS § 38-2-1 ET SEQ.

Rhode Island Resource Recovery Corporation
65 Shun Pike
Johnston, RI 02919

Date: _____

Request Number: _____

Name (optional) _____

Address (optional) _____

Email 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 \$ _____

Forward this Document to the Public Records Officer

Rhode Island Resource Recovery Corporation – Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the front desk of our administrative offices. If, after review of your request, the Rhode Island Resource Recovery Corporation determines that the requested records are exempt from disclosure for a reason set forth in R.I. Gen. Laws § 38-2-2(4)(A) through (Y), the Rhode Island Resource Recovery Corporation 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 at the front desk of the date you made the request, records requested, and request number. Thank you.