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.

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