



RHODE ISLAND DEPARTMENT OF CORRECTIONS
Wayne T. Salisbury, Jr., Acting Director
40 Howard Avenue
Cranston, RI 02920



PUBLIC RECORDS REQUEST FORM

Date: _____

First Name: _____ Last Name: _____

Description of Records Being Requested:

How would you like to receive your records/documents?

Email: _____

Street Address: _____ Apt./Flr. Number: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____

Pick-up Records. If you choose to pick up the records but did not include identifying information on this form (name, etc.), please contact RIDOC Legal Services (401) 462-5168 with the date you made the request and the records requested.

APRA REQUESTS – TERMS & CONDITIONS

Your request is subject to the conditions contained in [Chapter 38-2 Access to Public Records](#), which may include asking you to cover certain copying, search and retrieval costs. We strongly encourage you to review Chapter 38-2 in its entirety before submitting your request.

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.

Forward the completed form to doc.legal@doc.ri.gov.