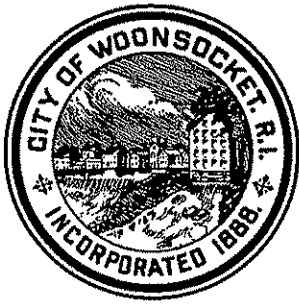


**CITY OF WOONSOCKET  
ACCESS TO PUBLIC RECORDS REQUEST GUIDELINES**

The City of Woonsocket, RI has instituted the following procedure to help you obtain public records.

1. The contact person for Public Records is the City Clerk.
2. In order to request to inspect and or copy documents, we ask that you first complete the request form attached, otherwise provide a written request for records that clearly identifies the records you seek and that your request is made pursuant to the Access to Public Records Act. A written request is not necessary for documents available pursuant to Rhode Island Laws § 42-35-2 or other documents prepared for or readily available to the public.
3. Requests to inspect public records can be mailed or dropped off at the Office of the City Clerk, 169 Main Street, Woonsocket, RI 02895. To make a public records request by e-mail please send to [abicki@woonsocketri.org](mailto:abicki@woonsocketri.org) or fax form to (401) 765-0022.
4. Additional copies of this form are available on the City's website: [www.ci.woonsocket.ri.us](http://www.ci.woonsocket.ri.us)
5. A copy of the Attorney General's Guide to Open Government can be found at: <http://www.riag.state.ri.us/documents/reports/docs/opengov.pdf>
6. There are times when the public records you seek are not available at the time of your request. Please be advised that the Access to Public Records Act allows a public body ten (10) business days to respond and with good cause, may extend the time to respond to thirty (30) business days.
7. If you feel that you have been denied access to public records, you have the right to file an appeal with the Chief Administrative Officer of the public body and with the Attorney General (R.I.G.L. § 38-2-8). If you are still not satisfied, you may file a lawsuit in Superior Court.
8. The City of Woonsocket is committed to providing you with public records in an expeditious and courteous manner.



# Request to Inspect and/or Copy Public Records

## Access to Public Records

City of Woonsocket – City Clerk's Office  
Pursuant to R.I.G.L. § 38-2-1 et seq.

This form must be completed, signed and returned to:  
City Clerk  
169 Main Street  
Woonsocket, RI 02895  
FAX: (401) 765-0022

### REQUESTOR'S INFORMATION:

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**RECORDS REQUESTED:** Request to inspect: \_\_\_\_\_ Request for copies: \_\_\_\_\_

Title and/or Description of Document (s) Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Requestor: \_\_\_\_\_

### OFFICE USE ONLY:

Request taken by: \_\_\_\_\_

Date: \_\_\_\_\_

Records to be available on: \_\_\_\_\_

Records provided: \_\_\_\_\_

Costs: \_\_\_\_\_ Copies: \_\_\_\_\_ Search and Retrieval: \_\_\_\_\_