



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**Division of Law Enforcement
235 Promenade Street, Rm 250
Providence, RI 02908**

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Telecommunication for hearing impaired, 711

**RIDEM/Division of Law Enforcement
REQUEST FOR RECORDS
UNDER THE ACCESS TO PUBLIC RECORDS ACT**

DATE:			
Name: (optional*)			
Address: (optional*)			
Street and No.		City / Town	State Zip
Telephone (optional*)		Email:	
Request Records:			
• If you have provided your name and address, please indicate below how you would like to receive your request:			
_____ Email		_____	
_____ Pick-up records		_____	
_____ Regular mail		_____	
• If you have chosen not to provide identifying information on this form (name and address) or you have chosen to pick up your record, you will assign a date to pick up your record's request.			
Your assigned pick-up date:			
Office Use			
Request taken by: _____		Date: _____	Time: _____
Records Provided: _____		Date Released: _____	Time: _____
Costs: _____	Copies: _____	Search /Retrieval: _____	_____
If, after review of your request, the department determines that the requested records are exempt from disclosure for a reason set forth in RI Gen. Laws § 38-2-2(4)(i)(A) through (W), the department reserves its right to claim such exemption.			