RHODE ISLAND GENERAL ASSEMBLY
PUBLIC RECORDS REQUEST GUIDELINES

The Rhode Island General Assembly has instituted the following procedure to help you obtain public records.

1. The contact person for Public Records Requests is JCLS Executive Director. He/She may be reached at 401-222-6533 or publicinfo@rilegislature.gov.

2. The regular business hours of the JCLS Department are Monday through Friday 9:00 AM to 4:30 PM.

3. In order to ensure that you are provided with the public records you seek in an expeditious manner, we ask you to complete the “Request to Inspect and/or Copy Public Records” form which is located in Room 3 of the Rhode Island State House or at the bottom of this page.

4. You are not required to provide the reason that you are seeking the information, but per the provisions of Rhode Island General Laws 38-2-4 please be aware that you may be charged copying costs not to exceed fifteen cents ($0.15) per page and/or a search and retrieval cost not to exceed fifteen dollars ($15.00) per hour after the first hour of retrieval. An estimate of the cost will be provided prior to providing copies.

5. To better understand what records are accessible and to review the pertinent laws regarding Open Government, you may obtain a copy of “The Attorney General’s Guide to Open Government in Rhode Island” by clicking here.

6. There are times when the public records you seek are not readily available at the time of your request. Please be advised that the Access to Public Records Act (APRA) allows a public body ten (10) business days to respond, which can be extended an additional twenty (20) business days for “good cause”. The leadership of the Rhode Island General Assembly appreciates your understanding and patience.

7. If you feel that you have been denied access to public records, you have the right to file a review petition with the Rhode Island Attorney General’s Office. If you are still not satisfied, you may file an action in the Superior Court.

8. The Rhode Island General Assembly is committed to providing you with public records in an expeditious and courteous manner.
Request to Inspect and/or Copy Public Records
Pursuant to Chapter 38-2 entitled “Access to Public Records”

Rhode Island General Assembly, Joint Committee on Legislative Services
82 Smith Street, Room 3 Providence, Rhode Island 02903
Attn: Public Record Request
Email: publicinfo@rillegislature.gov Tel: (401) 222-6533
Fax: (401) 222-1410

This Request Form must be completed, signed and returned to the above address. Copies of this form may be requested by e-mail, phone call, or fax. Instructions regarding the use of this form are contained in the document entitled “RHODE ISLAND GENERAL ASSEMBLY PUBLIC RECORDS REQUEST GUIDELINES”.

Request to Inspect Records: _______________ Request to Obtain Copies: _______________

REQUESTOR’S INFORMATION:
REQUESTOR: ____________________________________________________________________________________________
NAME OF BUSINESS OR ORGANIZATION ____________________________________________________________________________
STREET ADDRESS: __________________________________________________________________________________________
CITY, STATE & ZIP CODE: _______________________________________________________________________________________
TELEPHONE NO: ___________________ FAX NO: ___________________ E-MAIL ADDRESS: ____________________________

RECORDS REQUESTED:
Title and Identification Number of record(s) requested (if known) _______________________
________________________________________________________________________________________
________________________________________________________________________________________
Description of records requested. If you need more space, please attach a separate sheet to this form. If this is a following question to a previous request, please indicate the original request.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

FORMAT REQUESTED: Pick-up __________ Fax __________ E-mail (if available) __________

Please indicate whether records requested DO ______ DO NOT ______ relate to pending litigation involving the State of Rhode Island. Please state the court and case number, if applicable:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SIGNATURE OF REQUESTOR
PRINTED NAME: ____________________________________________________________________________
DATE: ___________________________________________________________________________________

OFFICE USE ONLY
Request Received by: ___________________ Date: __________ Time: __________
Records Provided via: ___________________ Date: __________ Time: __________
Copy Costs: ____________________  Search and Retrieval Costs: ____________________