



TOWN OF SMITHFIELD
PUBLIC RECORDS REQUEST FORM
FOR RECORDS UNDER THE
ACCESS TO PUBLIC RECORDS ACT

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

Name (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

Telephone (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

Note: Contact information is optional but would be helpful in providing a cost estimate and contacting you when documents are ready or if additional information is needed.

I am requesting: 1) To Inspect [ ] 2) To be Provided With Copies [ ] of the following records:

Multiple horizontal lines for listing requested records.

OFFICE USE ONLY

Request Taken By: \_\_\_\_\_
Deposit Requested: No [ ] Yes [ ] \$ \_\_\_\_\_
Records Provided (date) \_\_\_\_\_

Costs: See the procedures form for the fee schedule.

Table with 5 columns: Search & Retrieval, \$, Copies, \$, Deposit, \$, Total \$

Smithfield Town Clerk
64 Farnum Pike
Smithfield, RI 02917
(401) 233-1000