



**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:

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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](mailto:doc.legal@doc.ri.gov).