

Public Records Request Form Under the Access to Public Records Act

Date/Time: _____ Request Number: _____

Name (optional): _____

Address (optional): _____

Telephone Number (optional): _____

Email Address (optional): _____

Documents requested:

Please make your request as specific as possible.

You are not required to provide identifying information or the reason you seek the records. If you do not provide any identifying or contact information, a response to your request will be available no later than 10 business days following your request at the front counter of Clear River Electric & Water District (253 Pascoag Main Street Pascoag, RI 02859) during normal business hours (Mon-Wed 7am-3:30pm, Thur 7am-7pm & Fri 7am-11:30am).

I request the release of the documents listed above. I understand that there is a charge of \$0.15 per page for this information as well as a charge of \$15 per hour for research, after the first hour, which is provided free.

TO BE COMPLETED BY OFFICE:

Date/Time: _____

Request accepted by: _____ Request completed by: _____

Records to be available on: _____ Mail: _____ Pick Up: _____

Records provided: _____

Costs: _____ copies _____ search and retrieval

Clear River Electric & Water District Public Records Request Receipt

If you wish to pick up the records, they will be available on _____ at the front desk. If, after your review of your request, the District determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the District reserves its right to claim such an exemption.

Note: If you chose to pick up the records, but did not include identifying information on this form (name etc.), please inform the customer service representative of the date you made the request, records requested and request number.