

State of Rhode Island
OFFICE OF THE CHILD ADVOCATE



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**PUBLIC RECORDS REQUEST FORM
UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Requested Records: _____

OFFICE USE ONLY

Request taken by: _____ Request Number _____

Date: _____ Time: _____

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

Records provided: _____

Costs: _____ copies _____ search and retrieval

Forward this Document to the Office of the Child Advocate

Office of the Child Advocate- Public Records Request Receipt

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

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

Thank you.