

STATE OF RHODE ISLAND  
OFFICE OF THE CHILD ADVOCATE

Katelyn Medeiros, Esq.  
Child Advocate



John O. Pastore Center  
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Cranston, RI 02920  
401.462.4300

**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 Confidential Secretary of the date you made the request, records requested and request number.

Thank you.