Supplement to Policy: 10-036-15-20

P.O. Box 284
Kingston, RI 02881
www.kingstonfire.net

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Please review the Access to Public Records Procedures adopted by the District before completing this form. Please complete this form and forward to the District Office as provided for in the Procedures. For questions related to a request for records, or the Procedures, please call the District Office Manager at (401) 783-6830.

Date	Request Number			
Name (optional)				
Contact Information (olease provide at l	least one of the foll	owing:	
Address (optional)				
Telephone (optional) _				
Facsimile (optional)				
Requested Records				
If these records are not you wish to receive the			request, please check how	
Pick up In Person	Via Em	nailVia	Via Regular Mail	
			of the Kingston Fire District, I ocuments temporarily in my	
			Signature	
	Offi	ce Use Only		
Request taken by:		Request I	Request Number:	
Date:	Time:	Records to b	Records to be available on:	
Date sent via:	Pick up	Email _	Regular Mail	
Records Provided:				
Cost: Co	opies	Search and Retrie	val	