



**Prudence Island Water District
Box 93
Prudence Island, RI 02872**

Public Records Request Form
Under the Access to Public Records Act

Date: _____

Name (optional): _____

Address (optional): _____

Telephone (optional): _____ Email (optional): _____

Requested Records: _____

How would you like the records delivered? mail email other _____

If, after 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 exemption.

Note: If you chose not to include identifying information on this form (name, etc.), it is your responsibility to arrange a method for delivery of the records to you.

OFFICE USE ONLY

Request taken/received by: _____

Date: _____ Time: _____

Records to be available on: _____

Cost: \$ _____ copying; \$ _____ search & retrieval; \$ _____ delivery