Public Records Request Form
Under the Access to Public Records Act (APRA)
Rhode Island General Laws § 38-2

Forward this form to the RI Department of Children, Youth and Families
Attn: Deborah Buffi, Esq. Tel. (401) 528-3582
101 Friendship Street, Providence, RI 02903
Legal Office Phone: (401) 528-3550 Fax: (401) 528-3566
Email: Deb.Buffi@dcyf.ri.gov

Date: ____________________

NAME (optional): ______________________________________________________________

ADDRESS (optional): ____________________________________________________________

TELEPHONE (optional): __________________________________________________________

E-MAIL ADDRESS (optional): _____________________________________________________

Title and/or Description of Document(s) Requested: __________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

FOR OFFICE USE ONLY

Request taken by: ______________________ Request Assigned to: ______________________

Date: ______________________ Time: ______________________

Records to be available on: ______________ Mail: ______________ PickUp: ______________

Records provided: ______________________________________________________________

Costs: ____________________ Copies: ______________ Search & Retrieval: ______________

If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the Department reserves its right to claim such exemption. Note: If you choose to pick up the records, but did not include identifying information on this form (name, etc.) please contact Deborah Buffi at (401) 528-3582 with the date you made the request and the records requested.