



STATE OF RHODE ISLAND
 DEPARTMENT OF HUMAN SERVICES
 Kimberly Merolla-Brito, Director
 25 Howard Avenue, Bldg. 57, Cranston, Rhode Island 02920



PUBLIC RECORDS REQUEST FORM UNDER THE ACCESS TO PUBLIC RECORDS ACT (APRA)

** Each state agency has its own APRA forms and procedures. This form is to be used for requesting documents of public assistance programs administered by the Department of Human Services ONLY*

Date _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

E-Mail Address (optional) _____

Requested Records: _____

Forward request to the Department of Human Services: ATTN: Linda Shumate/Mariangel Guaba

Email: DHS.Contact@dhs.ri.gov **Fax:** 401-462-6594 **Mail:** 25 Howard Ave., Cranston, RI 02920

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 chose not to include identifying information on this form (name, e-mail, etc.), please contact Linda Shumate or Mariangel Guaba at DHS.Contact@dhs.ri.gov or (401) 462-2121 with the date you made the request, the records requested, and how you would like to receive the Department's response. Please note a public body has ten (10) business days to respond to a public records request and may extend the time to respond by an additional twenty (20) business days for good cause. Thank you.