

INITIAL REQUEST FORM REQUEST TO INSPECT AND/OR COPY RECORDS OF THE RHODE ISLAND DEPARTMENT OF TRANSPORTATION

Please fax to (401) 222-4226 or mail:

Office of Legal Counsel Rhode Island Department of Transportation Two Capitol Hill, Room 160 Providence, RI 02903

DATE:	_	
NAME OF PERSON MAKING REQUE	ST (OPTIONAL):	
ADDRESS OF PERSON MAKING REQ	UEST (OPTIONAL):	
EMAIL ADDRESS (OPTIONAL):		
TITLE OF DOCUMENT(S) REQUESTE	D TO BE INSPECTED OR COPIED:	
GENERAL DESCRIPTION OF SUBJECT	Γ MATTER OF DOCUMENT(S):	
NAME & TITLE OF PERSON AT RIDO	T HAVING CUSTODY OF REQUESTED [DOCUMENT(S),
REQUEST IS MADE TO:	☐ INSPECT ONLY	□ OBTAIN COPIES

Copies of any documents are fifteen cents (\$.15) or the actual reproduction cost for paper larger than 8 1/2" by 14", plus an hourly charge of fifteen dollars (\$15.00) per hour for searching and copying, unless otherwise provided by rules & regulations promulgated by RIDOT.

Note: If the Department determines that the requested records are exempt from disclosure in accordance with the Access to Public Records Act, the Department reserves its right to claim such exemption.