

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS  
OF THE DEPARTMENT OF BUSINESS REGULATION**

**Public Information Officer  
Rhode Island Department of Business Regulation  
1511 Pontiac Ave  
Cranston, RI 02920**

Name: \_\_\_\_\_

Telephone Number of Requesting Party: \_\_\_\_\_

Requested Manner of Deliver of Public Records:

EMAIL       FAX       REGULAR MAIL

Delivery Email, Fax Number, or Address: \_\_\_\_\_

Title and/or Description of Document(s) Requested to be Inspected  and/or Copied  :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person in Department Having Custody of Document(s), if known:

\_\_\_\_\_

**This form is optional.**

**Records may be requested in any manner that is readily  
identifiable as a request for public records.**