

**State of Rhode Island and Providence Plantations
DEPARTMENT OF REVENUE**

**WILLIAM E. POWERS BUILDING
ONE CAPITOL HILL
PROVIDENCE, RI 02908**

ACCESS TO PUBLIC RECORDS REGULATION

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Section 1 *Authority*

This Regulation is promulgated pursuant to R.I. Gen. Laws § 38-2-1, *et seq.* (“Access to Public Records”) and § 42-35-2(a).

Section 2 *Purposes*

The Purposes of this Regulation are:

- (1) To establish a Regulation to implement R.I. Gen. Laws § 38-2-1, *et seq.* and § 42-35-2(a) relating to access to public records maintained by the Department.
- (2) To identify and delineate categories of records exempt from disclosure; and
- (3) To provide the public and Department personnel with a Regulation which sets forth the rules and procedures applicable to access to public records maintained by the Department.

Section 3 *Policy*

The Department recognizes both the public's right to access public records and the individual's right to dignity and privacy. It is the Department's policy to facilitate public access to all public records that may be disclosed in accordance with R.I. Gen. Laws § 38-2-1, *et seq.* It is also the policy

of the Department to make all public records in the Department's possession be available for public inspection and copying consistent with applicable state or federal law, unless otherwise prohibited by a court of competent jurisdiction.

Section 4 *Procedure for Requesting Public Records*

- (1) Except as provided in subsection (5) below, a written request to inspect or copy public records should be sent to the Division within the Department that maintains the records requested or, in the alternative, to the Division of Legal Services at the Department at the address listed above. Written requests may be mailed, hand delivered, e-mailed or sent via facsimile. Hand delivered requests may be made during the Department's regular business hours. It is suggested, but not required, that requests be submitted on the form provided by the Department, a copy of which is attached hereto as Exhibit A and titled "Request to Inspect and/or Copy Public Records". In order to assure that the Department is able to respond to the request as efficiently and as completely as possible, the request should identify and describe the records being requested with as much specificity as possible. A written record of all requests will be maintained within each Division of the Department.
- (2) If the description of records being requested is not sufficient to allow the Department to identify and locate the requested records, the Department will notify the person requesting such records that additional information is needed in order to properly respond to the request.
- (3) Upon receipt of a request for records, the Department will mark on the face of a written request the date the request was received. The Department will make every reasonable effort to honor the request within ten (10) business days of receipt of the written request.
- (4) If it appears that the request cannot be honored within ten (10) business days of receipt, the Department will use its best efforts to notify the requester of the status of the request within ten (10) business days. For good cause, the time to respond to the request may be extended for a period not to exceed thirty (30) business days, inclusive of the original ten (10) business days.
- (5) A written request is not required to be submitted when the request is for any of the following: (i) documents prepared for or readily available to the public; (ii) rules and written statements of policy or interpretations formulated, adopted, or used by the agency; or (iii) final orders, decisions, and opinions.

Section 5 *Hours of Inspections*

When a request is made to inspect public records (as opposed to obtain copies), the requester will be advised when the records are available and he/she can then make an appointment to inspect those documents at the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday. The time frame for the Department to respond to requests to inspect public records is the same

as the time frame applicable to responding to requests for copies of public records as set forth above in Section (4) above.

Section 6 *Fees*

- (1) Official publications which the Department prepares in the discharge of its duties to inform the public on matters of public interest will be furnished free of charge when available.
- (2) The Department will supply one (1) copy of any of its Rules and Regulations to an individual requesting them free of charge. Rules and Regulations of the Department are on file at the Office of the Secretary of State and certified copies thereof may be obtained from that office. Rules and Regulations of the Department are also available online from the Secretary of State's website as well as the Department's website.
- (3) The Department charges a fee for copying and/or search and retrieval of requested documents consistent with applicable state law. The Department charges \$0.15 per copied page; provided however, if the response to the request consists of twenty (20) or fewer copied pages, no fee will be charged. If the response to the request consists of more than twenty (20) copied pages, there will be a charge of \$0.15 for each page. The Department will charge \$15.00 per hour for the search and retrieval time required to respond to a request, whether the request seeks copies of records or the right to inspect records; provided however, there will be no charge for the first hour of search and retrieval time. The Department will provide the requester with an estimate of the copying costs and search and retrieval costs prior to responding to the request. The Department however, will charge the actual fees for the number of copies and the actual cost for search and retrieval time if those are more or less than estimated. The Department reserves the right to require a deposit of the estimated costs if the estimated costs are \$50.00 or more.
- (4) The cost of copying and search and retrieval as provided in subsection (3) above must be paid in advance of or at the time of delivery or inspection of the requested documents.
- (5) Department personnel or, where applicable an outside copy service, will make copies of requested records. The Department does not have a copy machine available for use by the public to make copies.
- (6) The Department may utilize the form attached hereto as Exhibit B ("Response to Request to Inspect and/or Copy Public Records") to respond to a request; provided however, in some instances it may be appropriate for the Department to write a letter addressed to the requester setting forth such additional information as deemed appropriate under the circumstances.

Section 7 *Supervision of Inspections*

- (1) The inspection of public records must be accomplished in a manner which will provide for general supervision by authorized Departmental staff. This is necessary to prevent the misplacement or unauthorized removal of records or any other action which may impair the integrity of the public record.
- (2) Personnel in charge of the Division having possession of the public record requested shall have overall responsibility for the security of the public record. However, the individual in charge of that Division may designate a staff member(s) to coordinate the functions and responsibilities related to the copying and inspection of public records.
- (3) All personnel responsible for responding to requests for access to public records shall be made aware by their supervisors, of the provisions of this regulation and the procedures to be followed when an access to public records request is made. Department personnel having any questions regarding the procedures to be followed should direct inquiries to:
 - (a) The person in charge of the Division or unit within the Department responsible for the activity/function to which the public record being requested relates; or
 - (b) In the event that the public record cannot be readily categorized as falling under the responsibility of a specific Division or unit within the Department, the request should be directed to the Division of Legal Services which will serve as a resource in matters relating to the public's access to public records.

Section 8 *Severability*

If any provision of this Regulation or the application thereof to any individual or circumstances is held invalid, such invalidity shall not affect the provisions or application of the remaining portions of the regulation, which can be given effect. The provisions of these rules and regulations are declared to be severable.

EFFECTIVE DATE: June 21, 2010

Signed this 27th day of May, 2010

Rosemary Booth Gallogly
Acting Director, Department of Revenue

EXHIBIT A - For request to the Division of Taxation

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS
OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Complete this form, sign and return to:
**Rhode Island Department of Revenue
Division of Taxation
One Capitol Hill
Providence, RI 02908**

Department of Revenue: **tel. # (401) 574-8922 fax # (401) 574-8917**

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

EMAIL: _____ FAX. NO.: _____

TITLE AND/OR DESCRIPTION OF DOCUMENT(S) REQUESTED TO BE
INSPECTED _____ OR COPIED _____:

Please be as specific and descriptive as possible to assure that the Department will be able to
respond to your request as efficiently and as completely as possible.

FORMAT REQUESTED:

PAPER: _____ FAX: _____ EMAIL (if available) _____

NAME AND TITLE OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING
POSSESSION OF DOCUMENT(S), IF KNOWN:

Copies of any document(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of paper
larger than 8 ½" x 14"), plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval.
There is no charge if the total number of pages is twenty (20) pages or fewer. There is no charge for the
first hour of search and retrieval.

Materials requested ARE _____ ARE NOT _____ sought for the purpose of pending litigation
involving the Department or the State of Rhode Island.

Date

Signature of Person Making Request

EXHIBIT B

**RESPONSE TO REQUEST TO INSPECT AND/OR COPY
PUBLIC RECORDS OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Dear _____ :

On _____ the Department received your Request to Inspect and/or Copy Public Records Pursuant to R.I. Gen. Laws § 38-2-1 *et seq.* A copy of your request is attached.

A. RESPONSE TO REQUEST:

- ☐ GRANTED
- ☐ DENIED/DENIED IN PART because the following record(s) which were requested are exempt from disclosure pursuant to the following provisions of law: _____
- ☐ NO SUCH DOCUMENT(S) EXIST IN THE DEPARTMENT'S RECORDS

B. PROCEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING RELEASED PURSUANT TO SECTION A ABOVE:

- ☐ A copy of the requested records will be mailed to you (or you may call to make an appointment to pick up the records during the Department's normal business hours) upon the Department's receipt of payment of \$ _____ representing the copying costs i.e. \$ _____ and/or search and retrieval fees i.e. \$ _____ pursuant to R.I. Gen. Laws § 38-2-4. Please forward payment to the address listed below.
- ☐ A copy of the requested records is enclosed. (Because the number of copied pages was twenty (20) or fewer pages and there were no search and/or retrieval fees there was no fees associated with the Department's response to your request.)
- ☐ The requested records are available for inspection in the _____ Division of the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday, at the address specified below. Please call to arrange an appointment. The search and retrieval costs associated with the request to inspect is \$ _____. That amount is payable at the time of the appointment to inspect the records.
- ☐ Not Applicable.

C. If your request, or any part thereof, is denied, you have the right to appeal to the Department's chief administrative officer. If your appeal is denied, you have the right to appeal to the Attorney General or the Superior Court.

DATED: _____ SIGNATURE: _____

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver
Checks to: Division of Taxation, One Capitol Hill, Providence, RI 02908

EXHIBIT A - For request to the Office of Revenue Analysis

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS
OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Complete this form, sign and return to:
**Rhode Island Department of Revenue
Office of Revenue Analysis
One Capitol Hill
Providence, RI 02908**

Department of Revenue: **tel. # (401) 574-8922 fax # (401) 574-8917**

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

EMAIL: _____ FAX. NO.: _____

TITLE AND/OR DESCRIPTION OF DOCUMENT(S) REQUESTED TO BE
INSPECTED _____ OR COPIED _____:

Please be as specific and descriptive as possible to assure that the Department will be able to
respond to your request as efficiently and as completely as possible.

FORMAT REQUESTED:

PAPER: _____ FAX: _____ EMAIL (if available) _____

NAME AND TITLE OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING
POSSESSION OF DOCUMENT(S), IF KNOWN:

Copies of any document(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of paper
larger than 8 ½" x 14"), plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval.
There is no charge if the total number of pages is twenty (20) pages or fewer. There is no charge for the
first hour of search and retrieval.

Materials requested ARE _____ ARE NOT _____ sought for the purpose of pending litigation
involving the Department or the State of Rhode Island.

Date

Signature of Person Making Request

EXHIBIT B

**RESPONSE TO REQUEST TO INSPECT AND/OR COPY
PUBLIC RECORDS OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Dear _____ :

On _____ the Department received your Request to Inspect and/or Copy Public Records Pursuant to R.I. Gen. Laws § 38-2-1 *et seq.* A copy of your request is attached.

D. RESPONSE TO REQUEST:

- ☐ GRANTED
- ☐ DENIED/DENIED IN PART because the following record(s) which were requested are exempt from disclosure pursuant to the following provisions of law: _____
- ☐ NO SUCH DOCUMENT(S) EXIST IN THE DEPARTMENT'S RECORDS

E. PROCEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING RELEASED PURSUANT TO SECTION A ABOVE:

- ☐ A copy of the requested records will be mailed to you (or you may call to make an appointment to pick up the records during the Department's normal business hours) upon the Department's receipt of payment of \$ _____ representing the copying costs i.e. \$ _____ and/or search and retrieval fees i.e. \$ _____ pursuant to R.I. Gen. Laws § 38-2-4. Please forward payment to the address listed below.
- ☐ A copy of the requested records is enclosed. (Because the number of copied pages was twenty (20) or fewer pages and there were no search and/or retrieval fees there was no fees associated with the Department's response to your request.)
- ☐ The requested records are available for inspection in the _____ Division of the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday, at the address specified below. Please call to arrange an appointment. The search and retrieval costs associated with the request to inspect is \$ _____. That amount is payable at the time of the appointment to inspect the records.
- ☐ Not Applicable.

F. If your request, or any part thereof, is denied, you have the right to appeal to the Department's chief administrative officer. If your appeal is denied, you have the right to appeal to the Attorney General or the Superior Court.

DATED: _____ SIGNATURE: _____

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver
Checks to: Office of Revenue Analysis, One Capitol Hill, Providence, RI 02908

EXHIBIT A - For request to the Division of Municipal Finance

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS
OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Complete this form, sign and return to:
**Rhode Island Department of Revenue
Division of Municipal Finance
One Capitol Hill
Providence, RI 02908**

Department of Revenue: **tel. # (401) 574-8922 fax # (401) 574-8917**

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

EMAIL: _____ FAX. NO.: _____

TITLE AND/OR DESCRIPTION OF DOCUMENT(S) REQUESTED TO BE
INSPECTED_____ OR COPIED _____:

Please be as specific and descriptive as possible to assure that the Department will be able to respond to your request as efficiently and as completely as possible.

FORMAT REQUESTED:

PAPER: _____ FAX: _____ EMAIL (if available)_____

NAME AND TITLE OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING
POSSESSION OF DOCUMENT(S), IF KNOWN:

Copies of any document(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of paper larger than 8 ½" x 14"), plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval. There is no charge if the total number of pages is twenty (20) pages or fewer. There is no charge for the first hour of search and retrieval.

Materials requested ARE_____ARE NOT_____sought for the purpose of pending litigation involving the Department or the State of Rhode Island.

Date

Signature of Person Making Request

EXHIBIT B

**RESPONSE TO REQUEST TO INSPECT AND/OR COPY
PUBLIC RECORDS OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Dear _____ :

On _____ the Department received your Request to Inspect and/or Copy Public Records Pursuant to R.I. Gen. Laws § 38-2-1 *et seq.* A copy of your request is attached.

G. RESPONSE TO REQUEST:

- ☐ GRANTED
- ☐ DENIED/DENIED IN PART because the following record(s) which were requested are exempt from disclosure pursuant to the following provisions of law: _____
- ☐ NO SUCH DOCUMENT(S) EXIST IN THE DEPARTMENT'S RECORDS

H. PROCEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING RELEASED PURSUANT TO SECTION A ABOVE:

- ☐ A copy of the requested records will be mailed to you (or you may call to make an appointment to pick up the records during the Department's normal business hours) upon the Department's receipt of payment of \$ _____ representing the copying costs i.e. \$ _____ and/or search and retrieval fees i.e. \$ _____ pursuant to R.I. Gen. Laws § 38-2-4. Please forward payment to the address listed below.
- ☐ A copy of the requested records is enclosed. (Because the number of copied pages was twenty (20) or fewer pages and there were no search and/or retrieval fees there was no fees associated with the Department's response to your request.)
- ☐ The requested records are available for inspection in the _____ Division of the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday, at the address specified below. Please call to arrange an appointment. The search and retrieval costs associated with the request to inspect is \$ _____. That amount is payable at the time of the appointment to inspect the records.
- ☐ Not Applicable.

I. If your request, or any part thereof, is denied, you have the right to appeal to the Department's chief administrative officer. If your appeal is denied, you have the right to appeal to the Attorney General or the Superior Court.

DATED: _____ SIGNATURE: _____

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver
Checks to: Division of Municipal Finance, One Capitol Hill, Providence, RI 02908

EXHIBIT A - For request to the Division of Motor Vehicles

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS
OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Complete this form, sign and return to:
**Rhode Island Department of Revenue
Division of Motor Vehicles
100 Main Street
Pawtucket, RI 02860**

Department of Revenue: tel. # (401) 462-1208 fax # (401) 462-5784

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

EMAIL: _____ FAX. NO.: _____

TITLE AND/OR DESCRIPTION OF DOCUMENT(S) REQUESTED TO BE
INSPECTED _____ OR COPIED _____:

Please be as specific and descriptive as possible to assure that the Department will be able to
respond to your request as efficiently and as completely as possible.

FORMAT REQUESTED:

PAPER: _____ FAX: _____ EMAIL (if available) _____

NAME AND TITLE OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING
POSSESSION OF DOCUMENT(S), IF KNOWN:

Copies of any document(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of paper
larger than 8 1/2" x 14"), plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval.
There is no charge if the total number of pages is twenty (20) pages or fewer. There is no charge for the
first hour of search and retrieval.

Materials requested ARE _____ ARE NOT _____ sought for the purpose of pending litigation
involving the Department or the State of Rhode Island.

Date

Signature of Person Making Request

EXHIBIT B

**RESPONSE TO REQUEST TO INSPECT AND/OR COPY
PUBLIC RECORDS OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Dear _____ :

On _____ the Department received your Request to Inspect and/or Copy Public Records Pursuant to R.I. Gen. Laws § 38-2-1 *et seq.* A copy of your request is attached.

J. RESPONSE TO REQUEST:

- ☐ GRANTED
- ☐ DENIED/DENIED IN PART because the following record(s) which were requested are exempt from disclosure pursuant to the following provisions of law: _____
- ☐ NO SUCH DOCUMENT(S) EXIST IN THE DEPARTMENT'S RECORDS

K. PROCEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING RELEASED PURSUANT TO SECTION A ABOVE:

- ☐ A copy of the requested records will be mailed to you (or you may call to make an appointment to pick up the records during the Department's normal business hours) upon the Department's receipt of payment of \$ _____ representing the copying costs i.e. \$ _____ and/or search and retrieval fees i.e. \$ _____ pursuant to R.I. Gen. Laws § 38-2-4. Please forward payment to the address listed below.
- ☐ A copy of the requested records is enclosed. (Because the number of copied pages was twenty (20) or fewer pages and there were no search and/or retrieval fees there was no fees associated with the Department's response to your request.)
- ☐ The requested records are available for inspection in the _____ Division of the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday, at the address specified below. Please call to arrange an appointment. The search and retrieval costs associated with the request to inspect is \$ _____. That amount is payable at the time of the appointment to inspect the records.
- ☐ Not Applicable.

L. If your request, or any part thereof, is denied, you have the right to appeal to the Department's chief administrative officer. If your appeal is denied, you have the right to appeal to the Attorney General or the Superior Court.

DATED: _____ SIGNATURE: _____

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver
Checks to: Division of Motor Vehicles, 100 Main Street, Pawtucket, RI 02860

EXHIBIT A - For request to the Division of Lotteries

**REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS
OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Complete this form, sign and return to:
**Rhode Island Department of Revenue
Division of Lotteries
1425 Pontiac Avenue
Cranston, RI 02920**

Department of Revenue: **tel. # (401) 463-6500 fax # (401) 463-5669**

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

TELEPHONE NO. OF REQUESTER: _____

EMAIL: _____ FAX. NO.: _____

TITLE AND/OR DESCRIPTION OF DOCUMENT(S) REQUESTED TO BE
INSPECTED _____ OR COPIED _____:

Please be as specific and descriptive as possible to assure that the Department will be able to respond to your request as efficiently and as completely as possible.

FORMAT REQUESTED:

PAPER: _____ FAX: _____ EMAIL (if available) _____

NAME AND TITLE OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING
POSSESSION OF DOCUMENT(S), IF KNOWN:

Copies of any document(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of paper larger than 8 1/2" x 14"), plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval. There is no charge if the total number of pages is twenty (20) pages or fewer. There is no charge for the first hour of search and retrieval.

Materials requested ARE _____ ARE NOT _____ sought for the purpose of pending litigation involving the Department or the State of Rhode Island.

Date

Signature of Person Making Request

EXHIBIT B

**RESPONSE TO REQUEST TO INSPECT AND/OR COPY
PUBLIC RECORDS OF THE DEPARTMENT OF REVENUE
PURSUANT TO R.I. Gen. Laws § 38-2-1 *et seq.***

Dear _____ :

On _____ the Department received your Request to Inspect and/or Copy Public Records Pursuant to R.I. Gen. Laws § 38-2-1 *et seq.* A copy of your request is attached.

M. RESPONSE TO REQUEST:

- ☐ GRANTED
- ☐ DENIED/DENIED IN PART because the following record(s) which were requested are exempt from disclosure pursuant to the following provisions of law: _____
- ☐ NO SUCH DOCUMENT(S) EXIST IN THE DEPARTMENT'S RECORDS

N. PROCEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING RELEASED PURSUANT TO SECTION A ABOVE:

- ☐ A copy of the requested records will be mailed to you (or you may call to make an appointment to pick up the records during the Department's normal business hours) upon the Department's receipt of payment of \$ _____ representing the copying costs i.e. \$ _____ and/or search and retrieval fees i.e. \$ _____ pursuant to R.I. Gen. Laws § 38-2-4. Please forward payment to the address listed below.
- ☐ A copy of the requested records is enclosed. (Because the number of copied pages was twenty (20) or fewer pages and there were no search and/or retrieval fees there was no fees associated with the Department's response to your request.)
- ☐ The requested records are available for inspection in the _____ Division of the Department between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday, at the address specified below. Please call to arrange an appointment. The search and retrieval costs associated with the request to inspect is \$ _____. That amount is payable at the time of the appointment to inspect the records.
- ☐ Not Applicable.

O. If your request, or any part thereof, is denied, you have the right to appeal to the Department's chief administrative officer. If your appeal is denied, you have the right to appeal to the Attorney General or the Superior Court.

DATED: _____ SIGNATURE: _____

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver
Checks to: Division of Lotteries, 1425 Pontiac Avenue, Cranston, RI 02920