

Department of Behavioral Healthcare, Developmental Disabilities and
Hospitals

Director's Office

14 Harrington Road, Cranston, RI 02920-3080

PUBLIC RECORDS REQUEST FORM UNDER
THE ACCESS TO PUBLIC RECORDS ACT

Date: _____ Request Number: _____

Name (optional): _____

Address (optional): _____

Telephone (optional): _____

Requested Records: _____

*Kindly forward this request to
Behavioral Healthcare, Developmental Disabilities and Hospitals
Office of the Director – Attention Linda Reilly
Barry Hall, 14 Harrington Road, Cranston, RI 02920
Facsimile: (401) 462-3204 Email: Linda.Reilly@bhddh.ri.gov*

OFFICE USE ONLY

Request taken by: _____ Request Number: _____

Date: _____ Time: _____

Records to be available: _____ Mail: _____ Pick up: _____

Records Provided: _____

Costs: _____ Copies: _____ search and 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 Linda Reilly at (401) 462-3446 with the date you made the request and the records requested.