

UNDER THE ACCESS TO PUBLIC RECORDS ACT

In order to document the Narragansett School System's compliance with the Access to Public Records Act, please complete this form and forward to Susan McKnight, Superintendent's Office, 25 Fifth Avenue, Narragansett, RI 02882. For questions related to a request for records, please call: (401) 792-9450, Ext. 1.

Date		Request Number
Name (optional)		
Contact informatio	n (please provide at leas	st one of the following):
Address (optional)		
Telephone (optiona	d)	Facsimile (optional)
Requested Records	:	
		inal documents of the Town of Narragansett, I will not remove, cuments temporarily in my possession.
Signature:		
		OFFICE USE ONLY
Request taken by _		Request #
Date		Time
Records to be availa	able on	Mail Email Pick Up
Records Requested	/ Provided	
Costs	# copies	search and retrieval time
		the Superintendent's Office, Attn: Susan McKnight.
		nool System, Public Records Request Receipt

If you desire to pick up the records they will be available on ____ _ in the Superintendent's Office. If, after review of your request, it is determined that the requested records are exempt from disclosure for a reason set forth in RIGL \$38-2-2(4)(A) through (Y), the School System reserves its right to claim such exemption. Note: If you chose to pick up the records, but did not include identifying information on this form (name, etc.) please inform this office of the date you made the request, records requested and request number.

The Narragansett School System does not discriminate on the basis of age, sex, race, religion, national origin, language, color, or disability in accordance with applicable laws and regulations.