

**LITTLE COMPTON SCHOOL DEPARTMENT  
REQUEST FORM FOR RECORDS  
UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date \_\_\_\_\_ Request Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REQUESTED RECORDS:**

**OFFICE USE ONLY:**

Request taken by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Person Informed of Cost and Availability of Records: \_\_\_\_\_

Date Records Provided: \_\_\_\_\_ Mail \_\_\_\_\_ E-Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Costs: Copies \_\_\_\_\_

Search and Retrieval \_\_\_\_\_

Total \_\_\_\_\_