

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) 574-8999 fax # (401) 574-8997

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.

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: Office of Revenue Analysis, One Capitol Hill, Providence, RI 02908