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 Reven	nue: tel. # (401) 463-6500 fax # (401) 463-5669
NAME OF REQUEST	ΓER:
ADDRESS OF REQU	JESTER:
TELEPHONE NO. OF	F REQUESTER:
EMAIL:	FAX. NO.:
TITLE AND/OR DES	CRIPTION OF DOCUMENT(S) REQUESTED TO BE R COPIED:
	nd descriptive as possible to assure that the Department will be able to st as efficiently and as completely as possible.
FORMAT REQUEST	
PAPER:	FAX: EMAIL (if available)
	OF PERSON OR DIVISION WITHIN THE DEPARTMENT HAVING OCUMENT(S), IF KNOWN:
larger than 8 1/2" x 14"),	at(s) are fifteen (\$.15) cents per page (or the actual reproduction cost of pape, plus an hourly charge of fifteen (\$15.00) dollars per hour for search retrieval e total number of pages is twenty (20) pages or fewer. There is no charge for the retrieval.
Materials requested AR involving the Departmen	REARE NOTsought for the purpose of pending litigation at 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 _		:		
Public	On _ Record	the Department received your Request to Inspect and/or Copy Is Pursuant to R.I. Gen. Laws § 38-2-1 <i>et seq.</i> A copy of your request is attached.		
A.	RESP	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 theDivision 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.	Depar	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.		
DATE	ED:	SIGNATURE:		
Maka	chacks	payable to "Ganaral Treasurer, State of Phode Island" Mail or Hand deliver		

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