EXHIBIT A - For request to the Division of Taxation

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 Taxation One Capitol Hill Providence, RI 02908

Department of Revenue:	tel. # (401) 574-892	2 fax # (401) 574-8917	
NAME OF REQUESTER:			-
ADDRESS OF REQUESTER	R:		-
TELEPHONE NO. OF REQU	JESTER:		_
EMAIL:	FAX. N	NO.:	_
TITLE AND/OR DESCRIPT INSPECTED OR COP		(S) REQUESTED TO BE	
Please be as specific and desc respond to your request as eff	· ·	ssure that the Department will be able tely as possible.	le to
FORMAT REQUESTED: PAPER: FA	AX: EMAIL	(if available)	_
NAME AND TITLE OF PER POSSESSION OF DOCUME		VITHIN THE DEPARTMENT HAV	VING
larger than 8 1/2" x 14"), plus an	n hourly charge of fifteen umber of pages is twenty	page (or the actual reproduction cost n (\$15.00) dollars per hour for search (20) pages or fewer. There is no charg	retrieval.
Materials requested ARE involving the Department or the		sought for the purpose of pending	litigation

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		the Department received your Request to Inspect and/or Copy Pursuant to R.I. Gen. Laws § 38-2-1 <i>et seq.</i> A copy of your request is attached.		
A.	RESPO	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		
В.		CEDURE TO INSPECT/OBTAIN COPIES OF PUBLIC RECORDS BEING EASED 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.	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	D:	SIGNATURE:		

Make checks payable to "General Treasurer, State of Rhode Island." Mail or Hand deliver Checks to: Division of Taxation, One Capitol Hill, Providence, RI 02908