

KENT COUNTY WATER AUTHORITY
Request to Inspect and/or Copy Public Records
Pursuant to Chapter 38-2 entitled "Access to Public Records"

**PLEASE SUBMIT COMPLETED FORM VIA FAX, EMAIL, U.S. MAIL OR DROP OFF AT
FRONT DESK OF KCWA**

Request to Inspect Records (Y/N): _____ Request to Obtain Copies (Y/N): _____

REQUESTOR'S INFORMATION:

Date _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Any other contact information (optional) _____

RECORDS REQUESTED:

Title of record(s) requested (if known):

Description of records requested. If you need more space, please attach a separate sheet.

FORMAT REQUESTED: _____ Paper _____ Fax _____ E-Mail _____ Electronic Form (if available)

If you desire to pick up the records, they will be available at the front desk and you will be notified of their availability. If, after review of your request, KCWA determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, requestor will be notified in writing of such exception.

Note: You are not required to provide identifying information or the reason you seek the records. If you do not provide any identifying or contact information, a response to your request will be available no later than 10 business days following your request at the reception desk (1072 Main St., West Warwick) during normal business hours (8:00 a.m. to 4:00 p.m.).

Thank you.