

REQUEST TO INSPECT AND/OR COPY PUBLIC RECORDS FORM

In order to document the Town of Coventry's compliance with the Access to Public Records Act, please complete this form and forward to the Coventry Town Clerk at 1670 Flat River Road, Coventry, RI 02816.

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Records Requested:

---

---

---

---

---

---

---

---

---

---

Contact Information (please provide at least one of the following):

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

I further declare that while inspecting original documents of the Town of Coventry, I will not remove, damage or in any way alter any original documents temporarily in my possession.

\_\_\_\_\_  
Signature