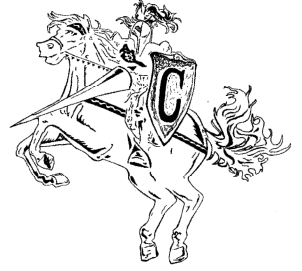


**Chariho Regional School District
Office of the Superintendent**

455A Switch Road
Wood River Junction, Rhode Island 02894

All Kids...All of the Time



Public Records Request Form

DATE: _____

REQUESTOR (Print Name): _____

NAME OF BUSINESS (if applicable): _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE NO: _____

E-MAIL ADDRESS: _____

RECORDS REQUESTED:

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

FORMAT REQUESTED: ___ Paper ___ E-mail (if available)

SIGNATURE OF REQUESTOR

**Charges pertaining to RI General Laws TITLE 38 Public Records, CHAPTER 38-2
Access to Public Records, SECTION 38-2-4 are applicable.**