



STATE OF RHODE ISLAND
DEPARTMENT OF LABOR &
TRAINING

PUBLIC RECORDS REQUEST FORM

Date: _____

*Name (optional): _____

*Email address for Delivery (optional): _____

*Telephone Number (optional): _____

Preferred format of response: _____

Description of Requested Records:

Send the completed Public Records Request Form by email to Angelyne.e.cooper@dlt.ri.gov or by mail at the below address.

Department of Labor and Training - Legal Division
1511 Pontiac Ave. Cranston, RI 02920

*If you do not provide any identifying or contact information you must contact the Public Records Officer at the above email address or mailing address to obtain a request number so that we may respond to your request.