



OFFICE OF THE STATE FIRE MARSHAL

PUBLIC RECORDS REQUEST FORM



Requests for records may be submitted by mail to the Office of the State Fire Marshal, Records Request Officer, 560 Jefferson Boulevard, Warwick, RI 02886; by fax to (401) 889-5534; by e-mail to john.dean@sfm.dps.ri.gov, or hand-delivered to the above address.

Date of Request: _____

Name (optional): _____

Address (optional): _____

City/Town, State, Zip Code (optional): _____

Telephone Number (optional): (Home): _____ (Mobile): _____

Report Number or Description of Records Being Requested:

Please indicate how you wish to receive your response from the following:
 Pick up the records Records to be sent regular mail
 Records to be faxed to Fax Number: (_____) _____
 Records to be E-mailed to: _____

For Office Use Only

Request Taken By: _____ Request Number: _____
 Date: _____ Time: _____ Records Available On: _____
 Records Provided: Yes No In Part
 Date response provided if any exemptions are claimed: _____
 Costs for Records: Copies \$ _____ Search and Retrieval \$ _____

Office of the State Fire Marshal – Access to Public Records Request Receipt

If you desire to pick up the records, you will be contacted via the phone number or email address, if one was provided, when the response is available for pick-up at the Office of the State Fire Marshal, Suite 202. If, after review of your request, it is determined that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, we reserve our right to claim such exemption.
 Note: If you choose to pick up the records but did not include identifying information on this form (name, etc.), upon pick-up, you will need to provide incident information sufficient to identify the response. Any parent, guardian, or attorney of an involved juvenile requesting records must show identification in order to obtain records, pursuant to R.I.G.L. § 14-1-64.