

Address (optional)

Email (optional)

I am requesting _____ 1) to inspect ☐ 2) to be provided with copies ☐
of the following records:

(date stamp)

Records provided (date)

Amount
\$

Search & Retrieval	\$	Copies	\$	Deposit	\$	Total	\$
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Burrillville Town Clerk
105 Harrisville Main St.
Harrisville, RI 02830
(401) 568-4300