

# CENTRAL FALLS DETENTION FACILITY CORPORATION

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## PUBLIC RECORDS REQUEST FORM UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date \_\_\_\_\_ Request Number: \_\_\_\_\_

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

Telephone (optional) \_\_\_\_\_

Requested Records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### OFFICE USE ONLY

Request Taken By: \_\_\_\_\_ Request Number \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Records to be available on: \_\_\_\_\_ Mail: \_\_\_\_\_ Pick-up: \_\_\_\_\_

Records provided: \_\_\_\_\_

Costs: \_\_\_\_\_ copies \_\_\_\_\_ search and retrieval

Forward this Document to the Warden's Office

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### CFDFC – Public Records Request Receipt

If you desire to pick-up the records, they will be available on \_\_\_\_\_ at the lobby desk. If, after review of your request, the CFDFC determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the CFDFC reserves its right to claim such exemption.

Note: If you chose to pick up the records, but did not include identifying information on this form (name, etc.), please inform the Officer at the Lobby desk of the date you made the request, records requested, and request number.

Thank you.

Wyatt Detention Facility  
950 High Street  
Central Falls, Rhode Island 02863