Tax Assessor's Office

C/O The Barrington Town Hall
283 County Road
Barrington, RI 02806
Phone: (401) 247-1900 x3 Fax: (401) 247-3765 TDD (401) 247-3750

REQUEST FOR PUBLIC RECORDS
UNDER THE ACCESS TO PUBLIC RECORDS ACT (R.I.G.L. 38-2-3)

Date Requested: _____ Request Number: (Year) - _____

Name (Optional): _____

Address (Optional): _____

Telephone (Optional): _____

Email (Optional): _____

Requested Records: _____

_____

_____

If these records are not readily available at the time or your request, please advise whether you desire to:

☐ Pick up the records at the Barrington Town Hall (283 County Road - M-F 8:30am to 4:30pm)

☐ Have the records sent to you be regular mail.

If you desire to pick up the requested records, they will be available in the Tax Assessor's Office no later than _____ . If, after review of your request, the Assessor's Office determines that the requested records are exempt from disclosure for a reason set forth in the Rhode Island General Laws Section 38-2-2(4), the Town of Barrington reserves the right to claim such exemption.

NOTE: If you choose to pick up the requested records, but did not include identifying information on this form (name, address, etc.) please inform the Assessor's Office of; the date you made the request, the records you requested, and the request number.

****

Assessor's Office Use Only

Request take by: _____ Request Number: (Year) - _____
Date: _____ Time: _____
Records to be available on: _____

Delivery method: ☐ Mail: ☐ Pickup: (if mailed, make sure mailing address is included)
Records provided: _____

_____

_____

Costs involved: Copies: $ _____
(no fee for 1st hour) Search & retrieval: $ _____
Shipping fees (if any): $ _____

Fee must be paid ***prior*** *to delivery* TOTAL: $