Rhode Island Commission on the Deaf and Hard of Hearing

Access to Public Records Written Procedures Effective November 17, 2016

In accordance with Rhode Island General Laws ("R.I. Gen. Laws") § 38-2-3(d), the Rhode Island Commission on the Deaf and Hard of Hearing (RICDHH) has instituted the following procedures to help you obtain public records from our agency.

I. Designated Public Records Officer

The designed public records officer for RICDHH is:

Pamela Zellner
Program Manager
One Capitol Hill, Ground Level
Providence, RI 02908
(401) 256-5511 (phone)
(401) 222-5736 (fax)
Pamela Zellner@cdhh.ri.gov

II. Public Records Requests

- A. If you wish to make a public records request, please follow the instructions below:
- 1. Please hand deliver, mail, email or fax a written request to the attention of the designated public records officer. The contact information for the designated public records officer is listed above.
- 2. A written request is not required for information available pursuant to R.I. Gen. Law § 42-35-2 or other documents prepared for or readily available to the public.
- B. The following instructions are recommended by RICDHH:
- 1. In order to ensure that you are provided with the public records you seek in an expeditious manner, we ask that you complete the Public Records Request Form. A copy of the form is available at our office and on our website at www.cdhh.ri.gov and attached hereto as Appendix A.
- 2. In lieu of completing the form, please provide your name and contact information.
- 3. To the greatest extent possible, clearly describe and numerically itemize each requested document or item.

4. Please provide the office with instructions pertaining to the method you would prefer to receive the information. For example, write whether you would prefer to have the requested materials mailed or emailed to you.

III. Additional Information

- A. We may ask you the reason for your request. However, you are not required to provide your identification or the reasons you seek the information. Your right to access to public records will not depend upon providing identification or reasons.
- B. The Rhode Island Access to Public Records Act ("APRA") is codified through R.I. Gen. Laws § 38-2-1, et seq. Please visit the following link to review the law: http://webserver.rilin.state.ri.us/Statutes/TITLE38/38-2/INDEX.HTM.
- C. Please be advised that APRA permits a public body ten (10) business days to respond, which can be extended an additional twenty (20) business days for "good cause".
- D. RICDHH reserves the right to charge for the cost of copying and/or search and retrieval of records. Before assessing any costs, the office will notify you of the anticipated costs. The cost per copied page of written documents provided shall not exceed fifteen cents (\$0.15) per page. Hourly costs for search and retrieval shall not exceed fifteen dollars (\$15.00) per hour and no costs shall be charged for the first hour of a search or retrieval.
- E. If you feel that you have been denied access to public records, you have the right to file an appeal to the Executive Director of RICDHH. You also have the right to file a complaint with the Attorney General or file suit in Superior Court.
- F. A copy of the Attorney General's Guide to Open Government can be found at http://www.riag.ri.gov/Forms/AGguidetoopengovernment.pdf.
- G. The RICDHH website is a great resource to access public information. Please do not hesitate to contact the office for assistance navigating through the website. The links to the website and the office number are as follows:

www.cdhh.ri.gov, 401-256-5511 (phone/videophone)

Appendix A

Request to Inspect and/or Copy Public Records

Pursuant to the Rhode Island Access to Public Records Act, R.I. Gen. Laws § 38-2-1, et seq.

Send Requests to: Public Records Officer
Rhode Island Commission on the Deaf and Hard of Hearing
One Capitol Hill, Ground Level
Providence, RI 02908
(401) 256-5511 (phone/videophone)
(401) 222-5736 (fax)
Pamela.Zellner@cdhh.ri.gov (email)

REQUESTOR'S INFORMATION (Please print)

NAME OF REQUESTOR:			
NAME OF BUSINESS (if applications)	able):		
STREET ADDRESS:			
CITY, STATE & ZIP CODE: _			
TELEPHONE NO:		FAX NO:	
E-MAIL ADDRESS:			
PREFERRED FORMAT REC	QUESTED: (Please 1	mark preferred choice w	ith an "X")
Mail Paper Copy: Ins	pect Original:	_ Attach Electronic Copy	via Email:
RECORDS REQUESTED: If form. (Please print clearly and			arate sheet to this