



Chariho Regional School District
Office of the Superintendent

455A Switch Road
Wood River Junction, Rhode Island 02894

All Kids...All of the Time



Public Records Request Form

DATE: _____

REQUESTOR (Print Name): _____

NAME OF BUSINESS (if applicable): _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE NO: _____

E-MAIL ADDRESS: _____

RECORDS REQUESTED:

Description of records requested. If you need more space, please attach a separate sheet to this form.

FORMAT REQUESTED: ____ Paper ____ E-mail (if available)

SIGNATURE OF REQUESTOR

Mail completed form to:

Chariho Regional School District
455A Switch Rd
Wood River Jct, RI, 02894

Email completed form to: aprarequest@chariho.k12.ri.us