



CENTRAL FALLS HOUSING AUTHORITY

30 WASHINGTON STREET
Central Falls, RI 02863
Main Office (401) 727-9090
Fax (401) 728-0291

A request for public records need not be made on this form and may be made verbally, as long as the request is otherwise readily identifiable as a request for public records. In making a records request, a person is not required to provide personally identifiable information about him/herself.

Date _____ Request Number _____

Name: _____

Address: _____

Telephone and/or Email: _____

Requested Records: _____

Office Use Only

Request Taken By _____ Date: _____ Time: _____

Request Received via: _____ Fax _____ Verbal _____ Electronic _____ Paper

Records Available On: _____ Mail: _____ Pick Up; _____

Costs: _____ # Copies: _____ search and retrieval

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

Thank you.