

CITY OF NEWPORT, RHODE ISLAND

Office of the City Clerk

PUBLIC INFORMATION REQUEST

Date: _____

Name (please print): _____

Telephone No.: _____

Address (if information is to be mailed):

Information requested, please be specific: _____

For the time period of: _____

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BY: _____ DEPT: _____

RESPONSE TO INQUIRER PROVIDED ON _____ BY _____