



State of Rhode Island
Office of Attorney General

CERTIFICATE OF COMPLIANCE
ACCESS TO PUBLIC RECORDS ACT SECTION 38-2-3.16
COMPLIANCE BY AGENCIES AND PUBLIC BODIES

I, _____ hereby certify, that on this _____ day of _____ 20____,
Print Name

I received training by viewing the video presentation and/or a live presentation, in compliance with § 38-2-3.16 of the Access to Public Records Act, and have the authority to grant or deny access to public records for the _____.
Department/Entity

In addition, I certify that the information I have provided on this statement is true and correct.

Your Signature

Signature of Chief Administrator

Date

Your Email Address: _____
[Email address will be used by the Open Government Unit only.]

****Please List ANY and ALL Entities for which you are certifying compliance. For instance, the Clerk’s Office, the Police Department, the School Department, the entire City/Town/Department.**

Check this box if you have not received training **prior** to the beginning of the calendar year, but are now authorized to grant or deny access to public records and have received training within one (1) month of being so authorized, in accordance with the APRA Training Rules and Regulations, Chapter 35 of title 42.

Upon completion please return to this office by either emailing to opengovernment@riag.ri.gov; facsimile 401-222-3016 or mail to Department of Attorney General, Open Government Unit, 150 South Main Street, Providence, Rhode Island 02903.