

Open Government Filing Coordinator Designation Form

Please print this form on official letterhead and send to:

Public Information RI Department of State

82 Smith Street
State House, Room 38
Providence, RI 02903

Please provide the following information to designate a Filing Coordinator for your overseeing body.

First name: _____

Last name: _____

Mailing address: _____

City: _____

State: _____ Zip: _____

Phone number: _____ Email: _____

Name of head of overseeing body: _____

Signature of head of overseeing body:

_____ Date: _____