



State of Rhode Island
Department of the Attorney General

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

SECTION A – TO BE COMPLETED BY CHIEF ADMINISTRATOR

This certifies that _____ of _____, has completed the Access to Public Records training on the ____ day of _____, 20____, and is in compliance with § 38-2-3.16.

The above has completed training by means of: ____ Live Presentation ____ Video Presentation

Chief Administrator

Department/Entity

Dated

SECTION B – TO BE COMPLETED BY CERTIFIED PERSONNEL

I certify that I have viewed the video presentation and/or a live presentation and am in compliance with § 38-2-3.16 of the Access to Public Records Act. In addition, I certify that the information I have provided on this statement is true and correct.

Date of Training: _____

Signed: _____

Email Address: _____

[Email address will be used only to provide notice of future Open Government seminars]

****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.**

