

**TOWN OF NORTH PROVIDENCE
DIVISION OF INSPECTIONS
1951 Mineral Spring Avenue
North Providence, RI 02904
Office (401) 233-1419 ~ Fax (401) 231-9393**

REQUEST FORM

DATE: _____

I _____ **WOULD LIKE TO REQUEST FROM:**

- **BUILDING**
- **ELECTRICAL**
- **MINIMUM HOUSING**
- **PLUMBING/MECHANICAL**

THE FOLLOWING INFORMATION/ASSISTANCE: (PLEASE DESCRIBE BELOW)

PERSON REQUESTING INFORMATION/ASSISTANCE:

NAME: _____

ADDRESS: _____

PHONES: _____

DAYS

NIGHTS

Please be advised that the above Offices have 7-10 working days to reply to your request.