

Charlestown Police Department

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

*****INSTRUCTIONS: PLEASE DOWNLOAD, FILL OUT AND SAVE TO YOUR COMPUTER. THEN ATTACH THIS FILE TO YOUR
EMAIL TO: records_request@charlestownpolice.org

DATE: _____ REQUEST #: _____

NAME (optional): _____

ADDRESS (optional): _____

City/Town, State, Zip: _____

Home Telephone (optional): _____

Work Telephone (optional): _____

Records Requested: _____

Please advise whether you desire to:

Pick up records

Records to be sent regular mail

**Note: Records requested by regular mail require a self- addressed, stamped envelope for
return service**

For Official Use Only

Request Taken By: _____ Request # _____

Date: _____ Time: _____ Records Available on: _____

Records Provided: _____

Date response provided if any exemptions are claimed: _____

Cost of Records: _____ Copies = \$ _____ Search and Retrieval = \$ _____

Charlestown Police – Access to Public Records Receipt

If you desire to pick up the records, they will be available at the Records window in up to ten (10) business days. If, after review of your request, the department determines that the requested records are exempt from disclosure for a reason set forth in R.I.G.L. § 38-2-1 et seq. (“Access to Public Records Act”) the department reserves its right to claim such exemptions.

Note: If you choose to pick up the records but did not include identifying information on this form (name, etc.), please inform the Public Records Officer of the date you made the request, records requested and request number.