

Charlestown Police Department

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

DATE: _____ REQUEST #: _____

NAME (optional): _____

ADDRESS (optional): _____

City/Town, State, Zip: _____

Home Telephone (optional): _____

Work Telephone (optional): _____

Records Requested: _____

If these records are not readily available at the time of your request, 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. § 38-2-2 (4) (i) (A) thru (W), 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 Police Secretary of the date you made the request, records requested and request number _____.