

EAST PROVIDENCE POLICE DEPARTMENT

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Request Records: _____

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ pick up the records or _____ regular mail

Office Use

Request taken by _____ Mail _____ Pick Up _____

Date _____

East Providence Police Department – Access to Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the front desk. If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in RI Gen. Laws Section 38-2-2(4)(i)(A) through(W), the Department reserves its right to claim such exemption.

Note: If you chose to pick up the records but did not include identifying information on this form (name, etc), please inform the officer/clerk at the front desk of the date you made the request, records requested and request number.
Thank You.

***EFFECTIVE SEPTEMBER 1, 2006 COPIES OF REQUESTED REPORTS THAT ARE NOT PICKED UP WITHIN 30 DAYS OF NOTIFICATION WILL BE DISCARDED**