

WARWICK POLICE DEPARTMENT

**REQUEST FOR RECORDS UNDER
THE ACCESS TO PUBLIC RECORDS ACT**

Date: _____

Name (optional): _____

Address (optional): _____

Telephone (optional): _____

Requested Records: _____

Please advise whether you desire to:

_____ Pick up the records or _____ Regular Mail

Office Use

Request taken by: _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pick Up _____

Records Provided: _____

Costs: _____ copies _____ Search and Retrieval

Warwick Police Department – Access to Public Records Request Receipt

If you desire to pick up the records, they will be available at the Records counter. If, after review of your request, the department determines that the requested records are exempt from disclosure for a reason set forth in RIGL sections 38-2-2(4)(i)(A) through (W), the department reserves its right to claim such exemptions.

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 and records requested.