

Burrillville Police Department
Request for Records under the Access to Public Records Act

Date _____

Request Number _____
(assigned by records dept)

Officer/Dispatcher Badge # receiving request _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Record/s Requested _____

***Please give as much information as possible. (Names, dates, times, locations etc.)
This will make it easier to find the information you requested!***

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

_____ pick up records _____ regular mail

Office Use Only:

Records available on: _____ Date if mailed _____

Costs: _____ copies _____ search & retrieval fee

Burrillville Police Department – Access to Public Records Request Receipt

If you desire to pick up 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 General Laws Section 38-2-2(4)(i)(A) through (W), the Department reserves it's right to claim such exemption. Note: If you choose to pick up the records but did not include identifying information on this form (name etc.), please inform the officer/dispatcher at the front desk of the date you made the request, records requested or request number _____.

Thank you!