

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) _____

Email address (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 _____

email _____

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 within seven days 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, or records requested.

Thank you!