

**COVENTRY POLICE DEPARTMENT
REQUEST FOR RECORDS UNDER THE ACCESS TO
PUBLIC RECORDS ACT**

Date _____ Request Number _____

Name (optional) _____
Address (optional) _____

Telephone (optional) _____

Requested 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: _____ Request Number _____
Date: _____ Time: _____
Records to be available on: _____ Mail _____ Pick Up _____
Records provided: _____
Costs: _____ copies _____ search and retrieval

Coventry 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 R.I. 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.