



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

Date _____

Request Number _____

*Name: _____

*Address: _____

*Telephone: _____

*Email: _____

*Above are 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 ___ Regular mail ___ Email

Office Use

Request taken by: _____

Request Number _____

Date: _____ Time: _____

Records to be available on: _____

Mail ___ Pick Up ___ Email ___

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.