



**Colonel
Richard G. Silva**
Chief of Police

West Warwick Police Department

1162 Main Street
West Warwick, RI 02893-4829
Phone: (401) 821-4323 Fax (401) 822-9206

Request for Records Under the Access to Public Records Act Records will be provided within 10 Business Days

Date:

Name:

Address:

City, State Zip:

Telephone #:

Cell Phone #:

Email:

Requested records: *(Please use the report number or describe the person, location and date of the incident and/or description of the report requested.)*

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

Pick up the Records

-or-

Mailed to Above Address

For Official Use Only

Request Taken by: _____ **Request Number:** _____

Date: _____ **Time:** _____

Records to be available on: _____ **Mailed:** _____ **or Picked Up:** _____

Records Provided: _____

Cost: _____ **for copies:** _____ **For Search and Retrieval: \$** _____ **Total**

West Warwick Police Department – Access to Public Records 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 in RIGL 38-2-2(4)(i)(A-W), the Department reserves its right to claim such exemption

“Courage ~ Sacrifice ~ Devotion”