



West Warwick Police Department

1162 Main Street, West Warwick, RI 02893-4829
Phone: (401) 821-4323 Fax (401) 822-4898



REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

DATE: _____

Name (optional): _____

Address (optional): _____

Telephone (optional): _____

E-mail (optional): _____

Requested Records: _____

Please select one of the following delivery methods:

Pick up the records Regular Mail E-mail/electronic delivery

Office Use

Request taken by: _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pick Up _____ E-mail _____

Records Provided: _____

Cost: _____ Copies _____ Search & Retrieval Fee: _____

West Warwick Police Department – Access to Public Records Request Receipt

If you desire to pick up the records, they will be available at the Records counter. If after review of the request the department determines that the requested records are exempt from disclosure for a reason set forth in RIGL sections 38-2-2-(4)(i)(A) through (W), the department reserves its right to claim such exemptions.

Note: If you chose to pick up the records but did not include identifying information on the form (name, etc.) please inform the Records Clerk/Officer/Dispatcher at the front desk the date you made the request and records requested.

“Courage ~ Sacrifice ~ Devotion”