



## LITTLE COMPTON POLICE DEPARTMENT

60 Simmons Road  
Little Compton, RI 02837  
Phone 401-635-2311  
Fax 401-635-8782

**Scott N. Raynes**  
Chief of Police

### Request for records under the access to public records act

**Date:** \_\_\_\_\_

**Name: (optional)** \_\_\_\_\_

**Address: (optional)** \_\_\_\_\_  
\_\_\_\_\_

**Telephone: (optional)** \_\_\_\_\_

**Requested records:**

**Date Response Provided:** \_\_\_\_\_

- |                                  |                                   |                                    |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Denied  | <input type="checkbox"/> Provided | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Emailed | <input type="checkbox"/> Mailed   | <input type="checkbox"/> Faxed     |

After review of your public record request, the Little Compton Police Department determines that the requested records are exempt from disclosure for a reason set forth in R.I. General Laws 38-22(4)(i); Section (A) through (W), the Department reserves its right to claim such exemption and you shall receive written notice indicating so.

**Note:** If you chose not to include identifying information on this form (name, tel# etc.) please inform the dispatcher/officer at the front desk of the date you made the request, records requested.

#### Office Use

**Request taken by:** \_\_\_\_\_