Request for records under the access to public records act

Date: ______________________

Name: (optional) ______________________

Address: (optional) ______________________

Telephone: (optional) ______________________

Requested records:

Date Response Provided: ______________________

☐ Denied       ☐ Provided   ☐ Extension

☐ Emailed      ☐ Mailed      ☐ 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: ______________________