

**Coventry Police Department
Request For Records Under The Access To Public Records Act**

Date: _____	Request Number: _____
Name (Optional): _____	
Address (Optional): _____ _____	
Telephone (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*

*If regular mail is requested, you must provide a stamped, self-addressed envelope

Office Use

Request Taken By: _____	Request Number: _____
Date: _____	Time: _____
Records To Be Available On: _____	<input type="checkbox"/> Mail <input type="checkbox"/> Pick Up
Records Provided: _____	
Costs: _____ copies	Search And Retrieval _____

Coventry Police Department - Access to Public Records Request Receipt

If you desire to pick up 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.