



Town of Warren



POLICE DEPARTMENT
ONE JOYCE STREET

WARREN, RHODE ISLAND 02885-3232
(401) 245-1311 FAX (401) 247-0091

Peter T. Achilli
CHIEF OF POLICE

PUBLIC RECORDS REQUEST FORM UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date _____ Request Number _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Requested Records: _____

OFFICE USE ONLY

Request taken by: _____ Request Number _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pick Up _____

Records provided: _____

Costs: _____ Copies: _____ Search & Retrieval: _____

Forward this Document to the Open Records Officer

Warren Police Department – Public Records Request 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 set forth in the Access to Public Records Act, the Department reserves the 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 dispatcher/officer at the front desk of the date you made the request, records requested and request number.

Thank you.

Request Number: _____