



CENTRAL FALLS POLICE DEPARTMENT PUBLIC RECORDS REQUEST

Today's Date: _____

Name: (optional)

Address: (optional)

Telephone: (optional)

Requested Records:

- If you know the report number(s), please provide it here:

- If you don't know the report number, please describe in the space below the record(s)/report(s) that you wish to obtain. State what type of report you are requesting, ie: accident, incident, arrest, etc. Be as specific as possible and include the date(s) and name(s) of involved parties.

Please note: The cost for copied documents may be \$.15 cents per page.

The police department has ten (10) business days to respond to your request. If these records are not readily available at the time of your request, please indicate whether you wish to: _____ pick up records or _____ send via US mail (be sure address is listed above)

If you visit us outside of normal business hours, complete this request and leave with the clerk/dispatcher who will forward it to the Public Records Clerk. Our Records Clerk, Christopher Cavallaro, can be contacted by calling (401) 727-7411, extension 2560 during business hours (Monday through Friday, 8:00 a.m. to 4:00 p.m.) If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in RI General Laws Section 38-2-2(4)(i.) (A) through (W), the Department reserves the right to claim such exemption.

--- For Office Use Only ---

Request taken by: _____

Date: _____ Time: _____

Records to be available on: _____ Records provided on: _____