



**University of Rhode Island Police Department
85 Briar Lane – Kingston, RI 02881
Public Records Request Form & Receipt
Under the Access to Public Records Act**

Date: _____ Request Number: _____ (Supplied by URIPD)

Name (optional): _____

Address (optional): _____

Telephone (optional): _____

Requested Records: _____

Forward This Document to the Police Records Officer

OFFICE USE ONLY

Request Taken by: _____

Request Number: _____

Date Request Received: _____

Time Request Received: _____

Records to be available on: _____

Mail _____ Pick Up _____

Date Mailed: _____

Emailed or Faxed: _____

Records Provided by: _____

Costs: _____ per copy Number of Copies: _____



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Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the University of Rhode Island Police Station. If, after review of your request, the Department determines the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, 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 of the date you made the request, records requested and the request number.