



RHODE ISLAND AIRPORT POLICE

PUBLIC RECORDS REQUEST FORM



Date: _____

Request Number: _____

Department: _____

Name (optional): _____

Address (optional): _____

City/Town, State, Zip (optional): _____

Telephone Number (optional): () _____ - _____ Home () _____ - _____ Work

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 _____ have them faxed _____ records to be sent regular mail

For Office Use Only

Request Taken By: _____ Request Number: _____

Date: ____/____/____ Time: ____ AM ____ PM Records Available On: ____/____/____

Records Provided:	_____ Yes	_____ No	_____ In Part
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Date response provided if any exemptions are claimed: ____/____/____

Costs for Records: Copies = \$ _____ Search & Retrieval = \$ _____

Rhode Island Airport Police - Access to Public Records Request Receipt

If you desire to pick up the records, they are expected to be available on ____/____/____ at the Rhode Island Airport Police Department. 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.G.L. § 38-2-2(4)(i)(A) through (W), the Division reserves its right to claim such exemptions.