



NORTH PROVIDENCE POLICE DEPARTMENT

1835 Mineral Spring Avenue
North Providence, RI 02904
Phone (401) 231-4533 Fax (401) 228-3329



REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: _____ Request Number: _____

Name (optional): _____

Address (optional): _____

City, State, Zip Code (optional): _____

Telephone (optional): _____

Requested Records: _____

Office Use Only

Request taken by: _____

Date: _____ Time: _____

In accordance with the RI Access to Public Records Act, RIGL §38-2-4, the cost per copied page of written documents shall not exceed fifteen cents (\$.15) per page for documents copyable on common business or legal size paper. Hourly costs for search and retrieval shall not exceed fifteen dollars (\$15.00) per hour. No costs shall be charged for the first hour of a search or retrieval.

Costs: _____ Pages: _____

North Providence Police Department - Access to Public Records Request Receipt

If you desire to pick up the records, they are expected to be available on _____ at the Records Office. If after review of your request, it is determined that the requested records are exempt from disclosure for a reason set forth in R.I.G.L.'s Access to Public Records Act, the department reserves its right to claim such exemption.