REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date of Request: _____

Name (optional): _____

Email Address (optional): _____
preferred method

Address (optional): _____

Telephone (optional): _____

Requested Records: _____

_____

_____

_____

If these records are not readily available at the time of your request, please advise whether you desire to:
Sent by email (preferred method) ___   Pick up the records ___   Regular mail___

For Official Use
Request taken by: Date: Time:
Records to be available on: Mail: Pick Up:
Records provided:
Costs: copies search and retrieval

Hopkinton Police Department - Access to 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 R.I.G.L. § 38-2-2(4) (A) through (W), 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/clerk at the front desk of the date you made the request, records requested and request number_____. Thank you.