

## E 9-1-1 UNIFORM EMERGENCY TELEPHONE SYSTEM PUBLIC RECORDS REQUEST FORM



Requests for records may be submitted by mail to the Rhode Island State Police Headquarters, Legal Office, 311 Danielson Pike, North Scituate, RI 02857; by fax to (401) 444-1105; by e-mail to records@risp.gov, or hand-delivered to any of the RI State Police barracks locations.

Date of Request:				
Name (optional):				
Address (optional):				
City/Town, State, Zip Code (option	nal):			
Telephone Number (optional): (Home):			(Mobile):	
Report Number or Description of I	Records Being Re	equested:		
Please indicate how you wish to re	ceive your respon	nse from the	following:	
Pick	up the records		Records to be sent reg	ular mail
			er: ()	
		Office Use O	•	
Request Taken By:				
			_ Records Available On:	
Records Provided:		Yes	No	In Part
Date response prov	ided if any exem	ptions are cl	aimed:	

Department of Public Safety – Access to Public Records Request Receipt

If you desire to pick up the records, you will be contacted via the phone number or email address, if one was provided, or you may contact the Legal Office at (401) 444-1083 to see when the response is available for pickup at the Department of Public Safety, Rhode Island State Police Headquarters, at the front desk in the main lobby. If, after review of your request, it is determined that 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 choose to pick up the records but did not include identifying information on this form (name, etc.), please provide the trooper at the front desk of the identifying call log number given to you at the time the request was made. Any parent, guardian or attorney of an involved juvenile requesting records must show identification in order to obtain records, pursuant to R.I.G.L. § 14-1-64.