



Lincoln Police Department

100 Old River Road, Lincoln, Rhode Island 02865

REQUEST FOR PUBLIC RECORDS FORM

Date of Request: _____ Request Number _____

Name: _____

Address: _____

Telephone/Email _____

Requested Records:

If these records are not readily available at the time of your request, please advise whether you desire to:

pick up regular mail fax # _____ email _____

Office Use

Request taken by: _____ Request Number: _____

Date: _____ Time: _____

Records to be available on: _____ Mail: _____ Pick Up: _____

Records provided: _____

Costs: \$ _____ copies \$ _____ search and retrieval

Lincoln 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)(i.) (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.