

West Greenwich  
Police Department  
Tel (401) 397-7191  
Fax (401) 392-3811



280 Victory  
Highway  
West Greenwich  
Rhode Island, 02817

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Town of West Greenwich  
INCORPORATED 1741  
Richard Ramsay, CHIEF OF POLICE

## REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: \_\_\_\_\_

Name (optional) \_\_\_\_\_

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:

Pick up the records in person  Regular mail  Email (address) \_\_\_\_\_

Records to be available on: \_\_\_\_\_

### Office Use Only

Request taken by: \_\_\_\_\_ Request Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Costs: Number of copies: \_\_\_\_\_ Search and retrieval fee: \$\_\_\_\_\_

The APRA Act permits a reasonable charge for search and retrieval of documents. The hourly costs for a search and retrieval shall not exceed fifteen (\$15.00) per hour, with no charge for the first hour.

Records Provided: \_\_\_\_\_

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### 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. Gen. Laws Section 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,  
Chief Richard N. Ramsay  
West Greenwich Police Department