



Glocester Police Department
162 Chopmist Hill Road
Glocester, Rhode Island 02814

Joseph S. DelPrete
Chief of Police

Tel: (401) 568-2533
Fax: (401) 568-3280

PUBLIC RECORDS REQUEST FORM

Today's Date: _____

Name: (optional) _____

Address: (optional) _____

Telephone: (optional) _____

Requested Records:

If you know the report number(s), please provide it here: _____

If you don't know the report number, please describe in the space below the record(s)/report(s) that you wish to obtain. State what type of report you are requesting, ie: accident, incident, arrest, etc. Be as specific as possible and include the date(s) and name(s) of involved parties.

Please note: The cost for copied documents is \$.15 cents per page.

The police department has ten (10) business days to respond to your request. If these records are not readily available at the time of your request, please indicate whether you wish to:

_____ pick up records or _____ send via US mail (be sure address is listed above)

If you visit us outside of normal business hours, complete this request and leave with the clerk/dispatcher who will forward it to the Public Records Officer. Our Public Records Officer is, Lieutenant Kimberly Bertholic, can be contacted by calling (401) 568-2533. If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in RI General Laws Section 38-2-2(4)(i.) (A) through (W), the Department reserves the right to claim such exemption.

--- For Office Use Only ---	
<i>To be completed by Dispatch personnel:</i>	
Request taken by: _____	Date: _____ Time: _____
<i>To be completed by Records Officer:</i>	
Records to be available on: _____	Records provided on: _____
Number of copies: _____	Search/Retrieval time: _____