



LITTLE COMPTON POLICE DEPARTMENT

60 Simmons Road
Little Compton, RI 02837
Phone 401-635-2311
Fax 401-635-8782

Sidney M. Wordell
Chief of Police

Request for records under the access to public records act

Date: _____

Request # _____

Name: (optional) _____

Address: (optional) _____

Telephone: (optional) _____

Requested records:

After review of your public record request, the Little Compton Police Department determines that the requested records are exempt from disclosure for a reason set forth in R.I. General Laws 38-22(4)(i); Section (A) through (W), the Department reserves its right to claim such exemption and you shall receive written notice indicating so.

Note: If you chose not to include identifying information on this form (name, tel# etc.) please inform the dispatcher/officer at the front desk of the date you made the request, records requested and request number.

Office Use

Request taken by: _____

Request Number: _____