TIVERTON POLICE DEPARTMENT

Request for Records Under the Access to Public Records Act

Date of Request (Required)	

REQUESTING PARTIES INFORMATION (OPTIONAL)					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Telephone Number		Cell Phone Number			
Email Address (If requesting that records be emailed)					

RECORDS REQUESTED (REQUIRED)	
Report Number (s) (If known)	
Report Date (s) (If Known)	
Incident Location (s) (If Known)	

Additional Information/Type of Records Requested:

If these records are not readily available at the time of your request, you will be contacted when they become available for pick up.

OFFICIAL USE ONLY									
Request Received By		Date		Time					
Walk In	☐	Phone	☐	Fax	☐	Email	☐	Other	☐
Date Records Available		Date Contacted		Time					
Request Filled By									
Dispatch	☐	Mailed	☐	Faxed	☐	Emailed	☐	Other	☐