NEWPORT POLICE DEPARTMENT
RECORDS REQUEST FORM

TO: _____________________________________  Date: _____________________
(Person in charge of record and department)

I request a copy of the following record (please provide sufficient information to identify the specific document requested):

CASE NUMBER: 

If any material contained in this request is exempt from disclosure, I understand you will provide the name of the document and the reason for the exemption.

(Name of Requestor)     (Address of Requestor)

(Daytime Phone Number)     (Signature of Requestor)

(for office use only)

Your records request has been approved □ or denied □

Your request has been approved and the following estimated fees will be charged:

_________________________________________________________  $ __________

_________________________________________________________  $ __________

_________________________________________________________  $ __________

_________________________________________________________  $ __________

Fees paid: _____________________   TOTAL  $ __________

(date)

Your request has been denied based on all or part of the requested records exemption for the following reasons:

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

(Custodian Name)     (Custodian Title)

(Custodian Signature)     (Date)