



WESTERLY POLICE DEPARTMENT  
RECORDS REQUEST

Date of Request: \_\_\_\_\_

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

Information Requested: **(Include Specific Name, Date, Time, Location and Type of Incident)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee: \$.15 per page PAID: \_\_\_\_\_

Information: **Granted/Denied** Clerk: \_\_\_\_\_