



CENTRAL FALLS POLICE DEPARTMENT PUBLIC RECORDS REQUEST

Today's Date: 6-15-2020	
Name: (optional)	
Jane Doe	
Address: (optional)	
411A Highland Avenue MR83866, Somerville, MA 02144	
Telephone: (optional) 6172991832	
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 belorecord(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 c	ate(s) and name(s) of
involved parties. Please see email attachment	
Please note: The cost for copied documents may be \$.15 cents per pag The police department has ten (10) business days to respond to your req	
are not readily available at the time of your request, please indicate whe pick up records or $\underline{\hspace{1cm}} \underline{\hspace{1cm}} \underline{\hspace{1cm}} \underline{\hspace{1cm}} \underline{\hspace{1cm}}$ send via US mail (be sure address is	ther you wish to: listed above)
If you visit us outside of normal business hours, complete this request ar dispatcher who will forward it to the Public Records Clerk. Our Records C Cavallaro, can be contacted by calling (401) 727-7411, extension 2560 du	lerk, Christopher
(Monday through Friday, 8:00 a.m. to 4:00 p.m.) If, after review of your r	_
Department determines that the requested records are exempt from dis	= -
forth in RI General Laws Section 38-2-2(4)(i.)(A) through (W), the Departm	nent reserves the right
to claim such exemption.	
For Office Use Only	
Request taken by:	
Date: Time:	
Records to be available on: Records provided of	n·