

**NEWPORT POLICE DEPARTMENT
RECORDS REQUEST FORM**

TO: _____
(Person in charge of record and department)

Date: _____

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: _____
(date)

TOTAL \$ _____

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)