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Salem State University Police Department ' 71 Loring Ave. Salem, MA 01970

This side to be filled out by Records Access Officer ONLY

## PUBLIC RECORD REQUEST LOG

DATE REQUEST RECEIVED	NATURE OF REQUEST	
<b>FORM OF REQUEST (check one):</b>		
<input type="checkbox"/> IN-PERSON ORAL <input type="checkbox"/> IN-PERSON WRITTEN <input type="checkbox"/> VIA POSTAL MAIL <input type="checkbox"/> VIA ELECTRONIC MAIL		
<b>RESPONSE TO THE REQUEST:</b>		
INITIAL RESPONSE DUE: ____/____/____      INITIAL RESPONSE PROVIDED: ____/____/____		
RESPONSE (check all that apply):		
<input type="checkbox"/> COMPLIED WITH THE REQUEST (the records were provided either in a redacted or un-redacted format)		
<input type="checkbox"/> DENIED THE REQUEST		
<input type="checkbox"/> OBTAINED AN EXTENSION OF TIME		
<input type="checkbox"/> SUGGESTED A REASONABLE MODIFICATION OF THE SCOPE OF THE REQUEST		
<input type="checkbox"/> PROVIDED THE REQUESTER WITH A REASONABLE FEE ESTIMATE		
RECORDS PROVIDED: ____/____/____		
<b>FEES:</b>		
WERE ANY FEES CHARGED IN CONNECTION WITH THIS REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, ANSWER THE FOLLOWING:		
TOTAL FEE CHARGED: \$ _____		
ESTIMATE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ITEMIZATION OF FEE CHARGED (check all that apply):		
<input type="checkbox"/> Copy Costs: \$ _____		
<input type="checkbox"/> Search and Segregation Time: \$ _____      Hours Required to Fulfill Request: _____		
Lowest Paid Employee Capable: _____      Hourly Rate: _____		
<input type="checkbox"/> Cost of Medium: \$ _____		
<b>PETITIONS (check all that apply):</b>		
<input type="checkbox"/> EXTENSION OF TIME	Date Filed: ____/____/____ Time Requested: _____ days	Supervisor Response: ____/____/____ Time Granted: _____ days
<input type="checkbox"/> S&S TIME FEES	Date Filed: ____/____/____ Fee Requested: \$ _____	Supervisor Response: ____/____/____ Fee Granted: \$ _____
<input type="checkbox"/> HR RATE INCREASE	Date Filed: ____/____/____ Rate Requested: \$ _____	Supervisor Response: ____/____/____ Rate Granted: \$ _____