



Bellingham Police Department RECORDS RELEASE FORM

Your Name	Address	Phone	Date of Request

I am requesting a copy of the following report from the Bellingham Police Department:
(Check One)

- Accident Report Incident Report

DATE	TIME	ADDRESS/LOCATION of INCIDENT	INCIDENT NUMBER	REASON for REQUEST

(Check One)

- I will pick up this report on the next business day
- Please call me when report is ready to be picked up
- Please mail report to me at above address
- Please email the report to me at _____

*** Please note, there may be a fee associated with your request (\$.05 per page)

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Signature of Person Requesting Report

(Official Use Only)

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Pages

Processed By/Date

Fee Charged