



Bellingham Police Department

RECORDS RELEASE FORM

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/ARREST REPORT

DATE	TIME	ADDRESS OR LOCATION OF INCIDENT/ACCIDENT	INCIDENT NUMBER	REASON FOR REQUEST

(CHECK ONE)

☐

I will pick up this report on the next business day.

☐

Please call me when the report is ready

☐

Please mail the report to the above address

☐

Please email the report to me at _____

*** PLEASE NOTE, THERE MAY BE A FEE ASSESSED ON YOUR REQUEST. (\$.05 per page) ***

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Signature of person requesting report

Official Use Only

NUMBER OF PAGES	PROCESSED BY / DATE	FEE, IF CHARGED