



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) *****

Signature of person requesting report

Official Use Only

NUMBER OF PAGES	PROCESSED BY / DATE	FEE, IF CHARGED