

Bellingham Police Department

30 BLACKSTONE STREET BELLINGHAM, MASSACHUSETTS 02019

> TEL 508.966.1515 FAX 508.966.4669

RECORDS RELEASE FORM

Your Name			Address	Phone	Date of Request
			, 1001	1	
l am req (Check	One)		the following report from the ent Report	Bellingham Po	lice Department:
DATE TIME		ADDRESS/LOCATION of INCIDENT		INCIDENT NUMBER	REASON for REQUES
	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				
*** P	lease not	e, there	may be a fee associated with	n your request ((\$.05 per page)
Signature	e of Perso	n Reques	ting Report		
3		1 -	(Official Use Only)		
# P:	# Pages		Processed By/Date	······	Fee Charged