



# 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