

# PUBLIC RECORDS REQUEST



City of Bellevue  
Police Department  
P.O. Box 90012  
Bellevue, WA 98009-9012

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(Only One Case / Incident per Request)

Received By: \_\_\_\_\_

AGENCY/FIRM: \_\_\_\_\_ REF #: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_  Call  Mail When Ready

Email: \_\_\_\_\_

## Record Requested:

- Police Case Report – Type of Incident: \_\_\_\_\_
- Traffic Accident / Collision Report
- Certified Case Report For U.S.C.I.S. - Citizenship *(provide copy of INS paperwork)*
- CD of Photographs (if available) **\$5.00**
- CD of Video (if available) **\$5.00**
- Other – Specify: \_\_\_\_\_

If Case / Incident Number is unknown, please provide date / time / location / details of incident:

\* A fee of \$0.15 per page (plus postage) may be assessed for any record of 15 or more pages.

FOR OFFICIAL USE ONLY

**AGENCY RESPONSE**

FOR OFFICIAL USE ONLY

Letter Sent: \_\_\_\_\_ Expected Completion: \_\_\_\_\_

Signature Line: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Delivery Mode: \_\_\_\_\_ Fee Due: \_\_\_\_\_