

PUBLIC RECORDS REQUEST



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

Date Received: _____

Case Number: _____

Received By: _____

AGENCY/FIRM: _____ REF #: _____

REQUESTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Call Mail When Ready

Record Requested:

Police Case Report – Type of Incident: _____

Report needed for Civil Redress pursuant to RCW 10.97.070(1) – Relationship to Incident: _____

Traffic Accident / Collision Report _____

Certified Case Report For U.S.C.I.S. - Citizenship (provide copy of CIS paperwork)

CD of Photographs \$25.00

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 10 or more pages.