



POLICE
CITY OF BELLEVILLE

459 SIDNEY ST.
BELLEVILLE, ON
K8P 3Z9

P. 613 966 0882
F. 613 966 2701

REQUEST FOR POLICE REPORT/INFORMATION

INCIDENT#: _____

DATE OF REQUEST: _____

NAME OF PERSON REQUESTING REPORT: _____

EMAIL: _____

PHONE: _____

SIGNATURE: _____

Please note: All documents will be returned to the requester via email unless otherwise specified.

The undersigned requests a copy of the report pertaining to the following occurrence:

DATE OF OCCURRENCE: _____

LOCATION: _____

OFFICER: _____

TYPE OF OCCURRENCE (i.e. theft, motor vehicle collision) _____

PARTICULARS:

PAYMENT OPTIONS

CASH

DEBIT

CREDIT

RECEIPT #: _____ INITIALS: _____

FOR OFFICE USE ONLY