

**City of Bells Police Department**  
**REQUEST FOR COPY OF POLICE REPORT**  
(Submit a separate application for each report requested)

**INSTRUCTIONS**

1. Information must be typed or printed. Incomplete information may result in the return of your application.
2. Include a check or money order for **\$6.00** payable to City of Bells.  
If requesting a certified copy of the report the payment will be **\$8.00**, per Transportation Code 550.065 (d)  
**(THIS FEE IS NOT REFUNDABLE. PLEASE DO NOT SEND CASH.)**
3. Enclose a **stamped, self-addressed envelope**.
4. Mail to: City of Bells Police Department  
Police Report Request  
203 S. Broadway St.  
Bells, Texas 75414
5. Your cancelled check will be your receipt. (Any questions, please call Records Requests at 410-887-2390.)

**TYPE OF RECORD DESIRED**

Incident or Crime Report       Motor Vehicle Accident Report

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING:**

Check item below that best describe your interest in this case.

- Driver of vehicle or person involved in accident / incident
- Executor or Administrator of the Estate or Next of Kin (in case of death)
- Parent or Guardian of person injured in motor vehicle accident
- Insurance Company
- Attorney for (name) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**I CERTIFY THAT MY INTEREST IN THIS INCIDENT IS AS INDICATED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

DATE AND TIME OF INCIDENT: \_\_\_\_\_ REPORT NUMBER \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

VEHICLE DRIVER OR VICTIMS'S NAMES: \_\_\_\_\_

\_\_\_\_\_

REPORTING POLICE OFFICER'S NAME: \_\_\_\_\_

**NOTE:** While an incident may have occurred and a police report written on the incident, these reports go through a recording process before they are available for distribution. Please understand that they are being processed in an expeditious manner and will be made available to you as quickly as possible. Thank you,

**NAME AND ADDRESS TO WHOM REPORT IS TO BE MAILED (PRINTED OR TYPED)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip \_\_\_\_\_

**PAYMENT TYPE**

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security Code # \_\_\_\_\_  
(three numbers on back of card)