

**City of Bellingham Prosecutor's Office**  
**REQUEST FOR DISCOVERY**  
(Released to Defendant only)

Please provide the following Information:

Citation Number \_\_\_\_\_

Date of next hearing: \_\_\_\_\_

TODAY'S Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(MI)

Tel No: \_\_\_\_\_

Check one address:

**Mailing:** \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City, State & Zip Code)

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Submit form on-line to: [prosecutor-efile@cob.org](mailto:prosecutor-efile@cob.org)

Or by mail to: **City of Bellingham Prosecutor**  
**2014 "C" St.**  
**Bellingham, WA 98225**

*Discovery will be sent within seven to ten days from receipt of your request.*

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**PROSECUTOR USE ONLY**

Date sent: \_\_\_\_\_

E-mail

Regular mail

Sent by: \_\_\_\_\_

Photos \_\_\_\_\_

911 \_\_\_\_\_

Other \_\_\_\_\_