



Bellingham Police Department
Commendation Form

How Received:		
<input type="checkbox"/> Mailed In	<input type="checkbox"/> On-Line	<input type="checkbox"/> In Person
Received by:	Date/Time	
Reporting Party Information		
Name:		
Home Address:	Home Phone:	
Work Address:	Work Phone:	
	Cell Phone:	
Employee's Name:	Badge # (if applicable):	
Date and Time of Incident:		
Location of Incident		
Nature and Details of Commendation:		

Signature

Signature of person receiving report

If mailing please send to:

Bellingham Police Department
505 Grand Ave
Bellingham, WA 98225
POL 29B REV 12/11