

FIRCREST MUNICIPAL COURT
115 Ramsdell St, Fircrest, WA 98466
(253) 564-8922 Fax (253) 564-3645
REQUEST FOR ACCESS TO FIRCREST MUNICIPAL COURT RECORDS AND FILES

Requestor's Name: _____ Firm: _____
(Please Print)

Address: _____ Phone: _____
Street # City State Zip Code Alt #: _____

I understand that the records released are pursuant to RCW 10.97, Washington State Criminal Records Privacy Act and RCW 42.56, Public Records Act. I agree that the information provided will not be used for any commercial purposes by me or the organization I represent and the requested records shall not be used in violation of State law. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE

DATE

Your request will be processed within 5 days. Court Staff will notify you of completion date. After fees have been paid, copies may be picked up at the court Monday through Friday, during regular business hours from 8:00 a.m. to 4:00 p.m. If you cannot pick up your documents, please indicate your preferred delivery method: Mail / Fax (depending on number of pages)

1. ON WHOM IS THE INFORMATION REQUESTED? Please fill in whatever information you have. If the defendant cannot be identified in our system we will not be able to complete your request.

Subject's full name: _____ DOB: _____
Last First Middle

Case Number: _____

2. WHAT INFORMATION IS BEING REQUESTED? ** Include: Title of Record, Dates, Description or select the items below.

(If you need additional room please attach a second page - sign & date the second page)

Complaint/Citation Judgement/Sentence No Contact Order Copy of Docket

3. THIS IS A REQUEST TO: VIEW THE RECORDS BE MAILED COPIES (see below for copy fees, payment information)
 PICK UP COPIES

Copies can be made for a nominal fee. If the copies are to be mailed the copies must be paid for in advance along with postage. The copies will be mailed after two weeks if paid by check. Photographing documents is not permitted.

Neither the Court nor the Clerk makes any representation as to the accuracy and completeness of the data except for court purposes.

Fee Schedule: Copies are 50 cents for the first back and 25 cents for each additional page. If you are need of the document certified, there is an additional \$5.00 charge.

FOR DEPARTMENT USE ONLY:

DATE RECEIVED: _____ By _____ FORWARDED TO: _____ ON: _____
Date

REQUEST APPROVED/DENIED BY _____ REQUESTOR NOTIFIED ON: _____
(SIGNATURE /NAME/DATE)

REASON FOR DENIAL: _____