



**Granger Municipal Court**

102 Main St/PO Box 1100

Granger, WA 98932

(509) 854-0238

(509) 854-2103

**Judge**  
Kathleen E. Hitchcock

**Request for Records**

**To be completed by the requesting person, business, or agency:**

Name (print) \_\_\_\_\_ Agency \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Whom is the request regarding?**

Full Name \_\_\_\_\_  
Also Known As \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Case Number(s) \_\_\_\_\_

**Records requested must describe identifiable records. You must be specific.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Pickup     Mail                      Amount due \$ \_\_\_\_\_

Thank you,

Heather Sides  
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[www.grangerwashington.org](http://www.grangerwashington.org)  
Court Administrator  
Granger Municipal Court