

**GRANGER MUNICIPAL COURT
ADMINISTRATIVE RECORDS REQUEST FORM**

Records request will be reviewed and a response will be
available within five (5) working days

WHAT DOCUMENTS WOULD YOU LIKE? *Copy fees are \$.15 per page; amount due \$ _____*

DO YOU NEED CERTIFIED COPIES? YES \$5.00 per case number NO

Complaint/Citation/Information Judgment/Sentence Form No Contact Order Plea Agreement

Stipulated Order for Continuance Order of Dismissal Certificate of file no longer in existence

Criminal History Certified copy of Driving Abstract (\$20) Other (specify) _____

After fees have been paid, copies may be picked up at the court office during regular business hours from 9 a.m. to 4:00 p.m.
If you cannot pick up your documents, please indicate your preferred delivery method (circle one): Mail / Fax / E-mail

RECORD/DOCUMENT INFORMATION

Must have one of the following combinations:

- 1) Name and date of birth of a party (the defendant in a criminal matter)*
- 2) Name and Washington driver's license number of a party (the defendant in a criminal matter)*
- 3) Case number. Other helpful information is the type of charge and date of violation.*

Name: _____

Date of birth: ___/___/___ Defendant's Driver's License Number/ State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

REQUESTOR'S INFORMATION

Name: _____ Agency (if applicable): _____

Telephone: _____ Fax #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

**If documents are not claimed within 30 days, reapplication and prepayment
will be required including previous fee(s).**

Signature of requestor: _____ Date: _____

Public Records Officer:

Name: _____

Court Office (509) 854-0238 ~ Fax (509) 854-2103 ~ E-mail Address: heather.sides@mail.courts.wa.gov

Date Request Received: ___/___/___ at ___:___ AM/PM _____

Initials