

**WAPATO MUNICIPAL COURT
ADMINISTRATIVE RECORDS REQUEST FORM**

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: _____ Apt#: _____

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) 877-6269

Fax (509) 584-0177 **E-mail Address: ncook@wapato-city.org**

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

initials