



PUBLIC RECORDS REQUEST
(RCW 42.56)

DEPARTMENT: Municipal Court

NAME: _____ DATE: _____

TELEPHONE: _____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IDENTIFICATION/DESCRIPTION OF RECORDS(S) SOUGHT:

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review. Note that pursuant to RCW 42.56.520, we have five (5) business days to respond to your request.

<input type="checkbox"/> I wish to have copies made (prepayment may be required).	<input type="checkbox"/> Mail records (prepayment required).
<input type="checkbox"/> I wish to review the records before copies are made.	<input type="checkbox"/> Call me – will pick up records.

I certify that any lists of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(9)).

Signature: _____

FOR DEPARTMENT USE ONLY:

Date Received: _____ Staff: _____

Date Completed: _____ Staff: _____

Copies Provided: Yes No Total: \$ _____

Request Denied: Yes No Reason: _____

Comments: _____

SUBMIT COMPLETED FORM TO: Spokane Municipal Court
Public Safety Building
1100 West Mallon Avenue
Spokane, WA 99260
(509) 625-4400
FAX: (509) 625-4422