



Spokane Municipal Court Administrative Records Request Form

Requester Information:

Name: _____

Address: _____

Telephone: _____

FAX: _____

E-mail Address: _____

Signature: _____

Description of Requested Record(s). It is important to be as specific as possible as to the type of record requested, the specific subject reflected in the record, and/or the specific individual(s) who may be referenced in the record. Please use additional sheets as necessary.

This is a request to inspect the records identified above.

This is a request for copies of the records identified above.

Other: Explain please: _____

Procedures:

- (1) The Court will respond within five (5) working days from receipt of this administrative records request.
- (2) The procedures, the fee structure for providing records and the process for appealing the decisions of the Records Officer regarding exemptions, redaction and identification of the records can be found at <https://my.spokanecity.org/courts/municipal-court/>.

Court Records Inquiries:

Records Officer
1100 W. Mallon Spokane, WA 99260
(509) 625-4432 Telephone
(509) 625-4442 Facsimile
MCRrecords@spokanecity.org

Request Received:

Date: _____

Time: _____ AM/PM

By: _____

By typing my name in a signature field, I agree that my typed name will be the electronic representation of my signature for all purposes, including legally binding agreements, declarations of fact under penalty of perjury, and acknowledgment of receipt of information and/or documents, just the same as a pen and paper signature.