



Spokane Municipal Court Court Court 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 defendant's name, case number, violation date, and specific record requested. 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
MCRecords@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.