

**REQUEST FOR ACCESS TO COURT RECORDS**

Poulsbo Municipal Court

200 NE Moe Street

Poulsbo, WA 98370

Main Line: 360-779-9846 Fax: 360-779-1584

Email: poulsbocourt@cityofpoulsbo.com

NOTE: Before any information can be released, this form must be completed including written signature and payment of applicable fees. Upon receipt of this request, the court will process those items which can be disclosed as soon as possible.

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

**INFORMATION REQUESTED ON:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case # (s): \_\_\_\_\_

Documents will not be released until fees are paid in full.

Request for:  Copies only - \$.50 per page. (No fee for emailed copies)

Certified copies - \$5.00 first page, \$1.00 each additional page.

Recording of Hearing - \$15 per Flash drive

I am requesting the following records (please be specific on what records you are requesting. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby agree that the name (s) provided me in this data shall not be used for any commercial purpose by myself or any organization I represent, and I will not allow access to this information by anyone who may use it for purposes of contacting individuals named therein or otherwise personally affecting them in the furtherance of any profit seeking activity.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date Received at Court: \_\_\_\_\_ Date Provided: \_\_\_\_\_

Date Denied/Not Satisfied \_\_\_\_\_ Reason for Denial/Not Satisfied: \_\_\_\_\_

Total Fees: \_\_\_\_\_ Released By: \_\_\_\_\_