

# Request for Record

Case Number: \_\_\_\_\_

What Document is Needed: \_\_\_\_\_

When Needed: \_\_\_\_\_

Person Requesting First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

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

Best Time and Way to Contact You: \_\_\_\_\_

Comments:

Once your record is located, we will contact you to determine how you would like to obtain it and provide payment. Thank you!

Fees:	Certified Record	\$2.00 / document
	Faxed Document	\$2.00 / page
	Mailed Document	\$2.00 / document
	Court Record	\$1.00 / page

**Submit**