

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