BUCKLEY MUNICIPAL COURT REQUEST FOR INFORMATION

City of Buckley

Buckley Municipal Court

P.O. Box 1452 ♦ 811 Main Street Buckley, WA 98321

(360) 829-2118

DATE REQUESTED: _____

REQUESTOR'S NAME: _____

DRIVER'S LICENSE #: _____ **STATE:** _____

MAILING ADDRESS: _____

_____

_____

PHONE: _____ **EMAIL:** _____

WHAT INFORMATION ARE YOU REQUESTING? **(please be specific and detailed/attach additional sheets if necessary)**

_____

_____

_____

NAME: _____

BIRTHDATE: _____ **CASE NUMBER:** _____

CHARGE: _____

I understand and agree that per RCW 42.17.320 the Buckley Municipal Court has five days to respond to my request. I further understand that the court will charge for photocopies. Payment of such fees are a condition precedent to receipt of requested documents.

Signature: _____ **Date:** _____

For City Staff use only:

Date received: _____	**Comments:** _____
Request denied: ____ **Yes** ____**No**	**Copies provided:** ____**Yes** ____ **No** **Fee $**_____ **Total:** _____
Date completed: _____	**Request completed by:** _____