407 Birch Ave SW, P. O. Box 179 Napavine, WA 98565 Phone: (360) 262-9231 Fax: (360) 262-9885

www.cityofnapavine.com



NAPAVINE MUNICIPAL COURT Allen C. Unzelman, Judge Lacie DeWitt, Court Administrator

## **Request for Person-Specific Record Information**

On whom is the record information requested? (At a minimum, this must include a full name, and a date of birth or driver's license number.)         Defendant's Full Name:	Date:	Case No. (If available):
Date of Birth: Driver's License No.: Mailing Address: Zip Code:Phone No.: What information is being requested? (Please be specific): Would you like these documents certified? □ Yes □ No NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel. Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification. Requestor's Name: Representing(if applicable): Professional License No.(if applicable): Mailing Address: State: Zip Code: Phone No.: Telephone No.: Fax No.: Email address:		
Mailing Address: Zip Code:Phone No.: State: Zip Code:Phone No.: What information is being requested? (Please be specific): Would you like these documents certified? □ Yes □ No NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel. Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification. Requestor's Name: Representing(if applicable): Professional License No.(if applicable): Mailing Address: State: Zip Code: Phone No.: Telephone No.: Fax No.: Email address:	Defendant's Full Name:	
State: Zip Code: Phone No.: What information is being requested? (Please be specific): Would you like these documents certified?	Date of Birth:	Driver's License No.:
State: Zip Code: Phone No.: What information is being requested? (Please be specific): Would you like these documents certified?	Mailing Address:	
Would you like these documents certified?  Yes No NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel. Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification. <b>Requester Information</b> Requestor's Name: Professional License No.(if applicable): Mailing Address: Zip Code: Phone No.: Fax		
NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel. Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification.  Requester Information Requestor's Name: Professional License No.(if applicable): Mailing Address: Phone No.: Fax No.: Email address:	What information is being requested? (I	Please be specific):
have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel. Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification. <b>Requester Information</b> Requestor's Name:	Would you like these documents certific	ed? 🗆 Yes 🗆 No
use this form and instead pose your question(s) to the appropriate personnel.  Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification.  Requester Information  Requestor's Name: Representing(if applicable): Professional License No.(if applicable): Mailing Address: State: Zip Code:Phone No.: Telephone No.: Fax No.: Email address:	NOTE: If your request is unclear, you may	/ be asked later to clarify what records you are seeking. If you
Fee: .15 cents per page, no fee for electronic documents. Additional fee of \$5 per document will be added for document certification.         Requester Information         Requestor's Name:	have a question that you are seeking an an	swer to and are not seeking a specific document, please do not
for document certification.  Requester Information  Requestor's Name:	use this form and instead pose your questio	n(s) to the appropriate personnel.
Requester Information         Requestor's Name:	Fee: .15 cents per page, no fee for electron	ic documents. Additional fee of \$5 per document will be added
Requestor's Name:	for document certification.	
Representing(if applicable):	Re	quester Information
Representing(if applicable):	Requestor's Name:	
Professional License No.(if applicable):		
State:       Zip Code:       Phone No.:         Telephone No.:       Fax No.:         Email address:		
State:       Zip Code:       Phone No.:         Telephone No.:       Fax No.:         Email address:	Mailing Address:	
Email address:		
Email address:	Telephone No.:	Fax No.:
Upon Locating Documents, Please Send Via:   Email  Fax  USPS		
	Upon Locating Documents, Please Send	d Via: $\Box$ Email $\Box$ Fax $\Box$ USPS
*In some circumstances the processing of your request or an official response to your request may take up	*In some circumstances the processing of y	your request or an official response to your request may take up
to five (5) working business days.	to five (5) working business days.	

Requester Signature

Date