

Chehalis Municipal Court Administrative Records Request Form

Information about Person Making Request:

Name of Requestor: _____

Last

First

MI

Mailing Address: _____

Street

City

State

Zip Code

Telephone: () _____ () _____

Email Address: _____

If applicable, Name of person or entity request is being made for and relationship to that person or entity:

Signature: _____ Date: _____

What Records Do You Want? Please identify the specific documents you are requesting, including name, location, date, and type of record requesting if known. *Please use additional sheets as necessary.*

This is a request to inspect the records identified above.

This is a request for copies of the records identified above.

Other: Explain please _____

Send request to:

Address: Public Records Officer/Court Administrator
 Chehalis Municipal Court
 350 N Market Blvd, Room 105
 Chehalis, WA 98532

E-Mail address: jbutcher@ci.chehalis.wa.us

For Office use only:

Request Received: _____ at _____ AM/PM

By: _____ Employee name and Initials