

REQUEST FOR ACCESS TO COURT RECORDS

Poulsbo Municipal Court
200 NE Moe Street
Poulsbo, WA 98370
Main Line: 360-779-9846 Fax: 360-779-1584
Email: poulsbocourt@poulsbo.gov

NOTE: Before any information can be released, this form must be completed including written signature and payment of applicable fees. Upon receipt of this request, the court will process those items which can be disclosed as soon as possible.

Name of Requester: _____

Address: _____

Phone: _____ Fax#: _____

INFORMATION REQUESTED ON:

Name: _____ Date of Birth: _____

Case # (s): _____

Documents will not be released until fees are paid in full.

Request for: ☐ Copies only - \$.50 per page. (No fee for emailed copies)

☐ Certified copies - \$5.00 first page, \$1.00 each additional page.

☐ Recording of Hearing - \$15 per Flash drive

I am requesting the following records (please be specific on what records you are requesting). _____

I hereby agree that the name (s) provided me in this data shall not be used for any commercial purpose by myself or any organization I represent, and I will not allow access to this information by anyone who may use it for purposes of contacting individuals named therein or otherwise personally affecting them in the furtherance of any profit seeking activity.

Requestor Signature: _____ Date: _____

For Office Use Only:

Date Received at Court: _____ Date Provided: _____

Date Denied/Not Satisfied _____ Reason for Denial/Not Satisfied: _____

Total Fees: _____ Released By: _____