



EVERETT MUNICIPAL COURT

Request for Case Records or Administrative Records

PUBLIC RECORD INSPECTION **COPY REQUEST**

Request Received:	Date _____	Time _____	Clerk _____
In Person <input type="checkbox"/>	Phone <input type="checkbox"/>	Letter <input type="checkbox"/>	Fax <input type="checkbox"/> Email <input type="checkbox"/>

The Everett Municipal Court provides records pursuant to GR 31 and/or 31.1 as applicable. By submitting this request, requestor is agreeing that information provided by the Everett Municipal Court will not be released to any unauthorized persons or used for any commercial or other unauthorized purposes.

Requestor Name _____

Address _____

Phone _____ **Email** _____ **Fax** _____

Respond to request by: **Phone for Pick-Up** **Mail** **Email** **Fax**

Description of Case Record(s) or Administrative Record(s) Requested: Be as specific as possible. For case records you must provide the full name of the defendant and one of the following: date of birth, driver's license number, or case number. Additional information such as charge and date of violation is helpful. Attach additional sheets if necessary. The procedures, fee structure for providing records, the process for appealing decisions of the Public Records Officer regarding exemptions, redaction and identification of the records, and contact information for the Public Records Officer can be found by going to: <https://everettwa.gov/municipalcourt>

Do documents need to be certified? Yes No *Certified copy fees are \$5.00 for the first page and \$1.00 for each additional page. Non-certified copies will be charged .50 per page. If no box is checked, non-certified copies will be provided.*

Request for Copy of Recordings of Proceedings:

Case # _____ Date of Recording _____ Courtroom _____ Time _____

There is a cost of \$10 per CD to process this request.

Approval for Release of Administrative Records: (Public Records Officer or Public Records Specialist)

Signature: _____ Date: _____

COPY FEES: _____ CERTIFIED FEES: _____ CD FEES: _____ TOTAL FEES: _____

Record Provided to Requester: Initials: _____ Time: _____ Date: _____ Method: _____