Tacoma Municipal Court 930 Tacoma Ave South Room #841 County-City Building Tacoma, WA 98402 Fax: (253) 591-2016

**REQUEST FOR TACOMA MUNICIPAL COURT ADMINISTRATIVE RECORDS GR 31.1**

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Name Last First Middle Initial

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Address

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City State Zip

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Day Time Phone Number (including area code)

Please state clearly the exact record(s) you are requesting.

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Please provide copies of the records and mail them to me at the above address

Please provide copies of the records and hold them for me to pick up

 Please make the records available for my inspection

There will be a $.15 charge per page for each record and costs to mail records. In addition, after the first hour, $30/hour will be charged for staff time to process your request. All fees are payable by exact cash, cashier’s check, or money order in advance of receiving the record.

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Signature of Requestor (Required) Date of Request

**Your signature certifies that you will not use any list of individuals for commercial purposes.**

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