



PUBLIC DISCLOSURE REQUEST

Lakewood Municipal Court
6000 Main Street SW
Lakewood, WA 98499-5027
Phone: 253-512-2258
Fax: 253-512-2267

Requestor: _____

Address: _____
Street Number City State Zip

Day/Work Phone: (____) _____ Fax #: (____) _____

Please be specific in the records that you are requesting:

Name of Party Involved: _____ Case Number(s): _____

Documents requested: _____

Reason for Request: _____

Fees for copies:

- \$5.00 - Certified Copy
- \$1.00 - First Page
- \$.50 - Each Additional Page
- \$10.00 - Electronic Recording

I understand that processing of my request will not commence until the complete request form is returned to the court by the reviewing authority. If the documents have not been claimed or reviewed within 30 days, it will require re- application.

I understand that Washington State law RCW 42.17.260(9) prohibits the use of lists of individuals for commercial purposes. I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of State law.

Signature of Requestor

Date

For Internal Office Use Only

Date received: _____ By: _____
Approved: ____ Yes ____ No Reason denied: _____
Number of Copies: _____ Amount Due: _____
Court Clerk: _____

Acknowledgement of Receipt:

Signature

Date