



TACOMA MUNICIPAL COURT RECORDS REQUEST

Date Received: _____

Received Via: COUNTER EMAIL FAX MAIL

Clerk: _____ Added to Records Log CDK ENTRY

REQUESTOR

NAME: _____ DATE: _____

AGENCY/RELATION TO CASE: _____

EMAIL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PURPOSE OF REQUEST

- Security Clearance
- Employment Check
- Military Recruitment
- Immigration
- Other (Please Explain) _____

RECORD REQUEST FEES (3.62.060)

- Photocopy - 1st 10 pages free.
Additional pages **.50** cents per page
- CD/Audio (Court Recording) **\$10.00**
- Certified Copy **\$5** per document

TOTAL AMOUNT DUE: _____

CONFIDENTIALITY AGREEMENT

I understand that the criminal history information provided by the Tacoma Municipal Court and released to my custody, will not be released to any unauthorized person(s) pursuant to RCW 10.97, Washington State Criminal Records Privacy Act.

Requestor's Signature

Date

DEFENDANT NAME/ALIASES	CASE NUMBER(S)	DATE OF VIOLATION (If known)	DRIVERS LICENSE/STATE
Documents Requested: <input type="checkbox"/> Case Docket <input type="checkbox"/> Criminal History <input type="checkbox"/> Other: _____			DATE OF BIRTH: ___/___/___
Other Identifying Information:			

INTERNAL USE ONLY: Date Requestor Advised _____/_____/_____

Ordered/Waiting for Files from Storage: YES NO

COMPLETED _____

FILES ONSITE: YES NO

8/4/22