



# TACOMA MUNICIPAL COURT RECORDS REQUEST

Date Received: \_\_\_\_\_

Received Via:  COUNTER  EMAIL  FAX  MAIL

Clerk: \_\_\_\_\_  ADDED TO LOGBOOK  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
<b>Documents Requested:</b> <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

FILES ONSITE:  YES  NO

5/31/22