



TACOMA MUNICIPAL COURT RECORDS REQUEST

Date Received: _____

Received Via: COUNTER EMAIL FAX MAIL

Clerk: _____ ADDED TO LOGBOOK

REQUESTOR

NAME: _____ DATE: _____

AGENCY/PARTY 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 **.50** cents per page
- Electronic Copies **.25** cents per page
- CD/Audio (Court Recording) **\$10.00**
- Certified Copy **\$5** per document

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 (Including Aliases)	CASE NUMBER(S)	DATE OF VIOLATION (If known)	DRIVERS LICENSE/STATE
DATE OF BIRTH ____/____/____			

Other Identifying Information:

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

FILES ONSITE: YES NO

Ordered/Waiting for Files from Storage: YES NO