



City of Bothell™

REQUEST FOR RECORDS

Municipal Court
10116 NE 183rd St.
Bothell, WA 98011
T 425.487.5587
F 425.487.5580
www.bothellwa.gov

This form must be completed in full.
The Court will respond to the request within five (5) business days.

.....
DEFENDANT'S NAME: _____

CITATION NUMBER(S): _____ / _____ / _____ / _____

COURT HEARING DATE(S) REQUESTED: _____ / _____ / _____
.....

REQUESTED RECORD:

Recording of Proceeding (\$10.00/CD)

Please note, audio records are now available online at <http://www.bothellwa.gov/188/Court-Audio-Sessions>

Uncertified Document (\$0.15/Page)

List all uncertified documents requested: _____

Certified Document (\$5.00/Document)

List all certified documents requested: _____

USE OF RECORD: (Reason for request) _____

TO WHOM WILL THE INFORMATION BE PROVIDED: _____

DELIVERY METHOD: Email to: (print clearly) _____

Pick Up at Courthouse Mail to Below Address (Postage fee may be added to cost)

REQUESTED BY:

Name of Requestor: _____

Address and/or Title (If applicable): _____

Phone Number: _____

Signature of Requester _____

.....
FOR OFFICE USE

Phone

In-Person

Correspondence

Total Fees: _____

Date Paid: ____/____/____

(Clerk Signature Releasing Information)

____/____/____
(Date Information Completed)