



Pasco Municipal Court

1016 N. 4th AVE, Bld D.

Pasco, WA 99301

(509) 545-3491 Fax (509) 545-3494

courtrecordsrequest@pasco-wa.gov

RECORDS REQUEST

THIS FORM MUST BE COMPLETED IN FULL.
POLICE REPORTS ARE NOT AVAILABLE THROUGH THE COURT.

INFORMATION REQUESTED BY:

Name of Requestor: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

*Phone Number: _____ Fax Number: _____

MUST PROVIDE VALID PICTURE ID WITH REQUEST

INFORMATION REQUESTED ON:

Name: _____

Alias Name(s): _____

Date of Birth: _____

Charge(s): _____

Violation or Hearing Date(s): _____

Case Number(s): _____

FEES:

- ☐ Records Check (Non-Certified) **\$11.00**
- ☐ Records Check (Certified with Stamp and Seal) **\$16.00** (First Page)
- ☐ Additional Certified Stamp and Seal **\$1.00**
- ☐ Audio Recording per CD **\$21.00** (CD Duplication \$10.00)
- ☐ Additional Certified Copy of Documents **\$6.00**

Payment may be made in person, by mail, online at www.pascotix.com or via phone at 1-877-793-8935. If paying online or by phone, please use "RECORDS" for the case number.

PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR RETURN OF PUBLIC RECORDS

SELECT ONLY ONE

☐ Pick Up ☐ Mailing Address _____

☐ FAX NUMBER _____ ☐ Email _____

***REASON FOR REQUEST*:** _____

Requestor's Signature

Date

By signing, I affirm this request is not for commercial purposes pursuant to RCW 42.56.070(9) & RCW10.97. I understand that the criminal history information provided by Pasco Municipal Court and released to my custody will not be released to an unauthorized person(s), pursuant to RCW 10.97, Washington State Criminal Records Privacy Act. Court staff shall not make any representation as to the accuracy and completeness of the data except for court purposes. The liability for misuse of the information released is the sole responsibility of the requestor, and neither the court nor court staff is liable for any misuse of the information released.

FOR INTERNAL USE ONLY:

Total Amount Due: