Issaquah Municipal Court
Public Records Request

Note: Before any information can be released, this form must be completed. The person requesting information must produce identification. Upon approval, the information requested will be provided as soon as possible and upon payment of any applicable fees.

Information Requested By: (Please Print)

Name of Requestor:_____

Address:_____

City, State, Zip: _____

Phone:_____

Email:_____

Fax:_____

Information Requested: (Please Print)

Name:_____

Case Number(s):_____

Document(s) Requested:_____

_____

I do hereby declare under penalty of perjury, under the laws of the State of Washington, that the name(s) and/or documents provided to me in this data shall not be used for any commercial purposes in violation of State law by myself or any organization I represent, and I will not allow access to this information by anyone who may use it for purposes of contacting individuals names therein or otherwise personally affecting them in the furtherance of any profit seeking activity.

Requestor's Signature:_____ Date: _____