REQUEST FOR DOCUMENT REVIEW/COPY REQUEST

TO: CUSTODIAN OF RECORDS, ARLINGTON MUNICIPAL COURT

FROM: REQUESTOR'S NAME: _____

REQUESTOR'S ADDRESS: _____

_____

COMPANY/FIRM NAME: _____

REQUESTOR'S PHONE NUMBER: _____

NAME OF INDIVIDUAL YOU ARE REQUESTING INFORMATION ON **(*IF DIFFERENT FROM ABOVE*)**:

_____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER_____

I REQUEST A COPY OF THE FOLLOWING DOCUMENT(S) ON FILE IN THE ARLINGTON MUNICIPAL COURT:

SPECIFIC DOCUMENT	DATE OFFENSE OCCURRED

I AM REQUESTING A COPY OF THE ABOVE NAMED COURT DOCUMENTS. I UNDERSTAND THAT SOME DOCUMENTS MAY NOT BE SUBJECT TO DISCLOSURE.

I AGREE TO PAY FOR ANY NORMAL COPY TO REPRODUCE THE DOCUMENTS IDENTIFIED ABOVE.

……..

$5.00 per Certified Copy **Certified Copy Requested:** **Yes** ☐ **No** ☐

……

TOTAL CHARGES DUE: _____

To process your request, you must appear in person with this completed form

SIGNATURE: _____

DATE: _____

_____

RECEIVED BY: DEPUTY COURT CLERK