



## Centralia Municipal Court Request to Access Court Records (GR 31)

**REQUESTOR**

WSBA# \_\_\_\_\_  
(Attorney's only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Record / Information Requested: If this information concerns a named individual. Please provide the necessary identifying information.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case Number(s): \_\_\_\_\_ Violation Date: \_\_\_\_\_

Information you are requesting: (Please be as specific as possible)

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Request:  View File  Copy Document(s) from File      Copies:  Certified  Non Certified

### CONFIDENTIALITY AGREEMENT

I agree that the information provided will not be used for any commercial purposes by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Court will respond within five (5) working days from the receipt of this court records request.**

- Please send copies of the records via USPS mail them to the listed address
- Please send requested records via email provided above
- Please provide copies of the records and hold them for me to pick up. (held 15 days)

**\*This form must be filed with the Centralia Municipal Court Clerk to be considered complete\***

**INTERNAL USE ONLY:**

Date Received: \_\_\_\_\_

Received Via:  Counter  Email  Mail  Fax

Clerk: \_\_\_\_\_  Added to Records Log  Docket Entry