

**Municipal Court  
For the  
City of Centralia  
Request to Access Court Records (GR 31)**

Person Requesting Information:

WSBA# \_\_\_\_\_

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

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

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

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

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

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

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

Violation Date: \_\_\_\_\_

Information you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request to  View File  Copy Document(s) from File

**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: \_\_\_\_\_

Location: \_\_\_\_\_

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

- Please provide copies of the records and mail them to me at the above address.
- Please provide copies of the records and hold them for me to pick up. (copies will be held 15 days)

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