SKAGIT COUNTY DISTRICT & MUNICIPAL COURT
REQUEST FOR INFORMATION

Date Received_____ **Information needed by:**_____

Clerk:_____

1. ON WHOM IS THE INFORMATION REQUESTED?

Subject's full name:_____
LAST FIRST MIDDLE
Date of Birth:__/___/___ Driver's License No._____

2. WHAT INFORMATION IS BEING REQUESTED (BE SPECIFIC):

[ ] criminal **[ ] civil** **case #:**_____

_____

_____

_____

_____

***COPIES REQUESTED [ ] "BE SPECIFIC WHICH DOCUMENTS REQUESTED"**

***VIEW FILE ONLY [ ]**

3. REQUESTOR INFORMATION:

NAME:_____
LAST FIRST MIDDLE

ADDRESS:_____

PHONE: _____

_____

Date: **Signature:**

CLERK'S RESPONSE

NOTES:

_____

_____

ACTION TAKEN:

***COPIES PROVIDED [ ]**

_____

***FILE VIEWED ONLY [ ]**

Date: Clerk: