

**SKAGIT COUNTY DISTRICT & MUNICIPAL COURT
REQUEST FOR INFORMATION**

CLERKS USE ONLY:

Date Received: _____

Information needed by: _____

Clerk: _____

1. ON WHOM IS THE INFORMATION REQUESTED?

Subjects 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:

Full name:

_____ Last First Middle

Address: _____

Phone: _____

Date: _____

Signature: _____

CLERK'S RESPONSE

NOTES:

ACTION TAKEN:

***COPIES PROVIDED**

***FILE VIEWED ONLY**

Date: _____

Clerk: _____