

# Request for Access to Court Records – Sumner Municipal Court

1104 Maple St, Suite 100 Sumner, WA 98390  
253.863.7635 fax 253.299.5629

NOTE: Before any information can be released, this form must be completed including written signature and payment of applicable fees must be paid. (Sumner Local Court Rule 10.1) Upon receipt of this request, the court will process those items which can be disclosed as soon as possible. Please note that due to filters/firewall systems in place on the network, there is no guarantee an email request for records will be received by court staff; therefore emailing requests for records is discouraged.

## INFORMATION REQUESTED BY: (please print or type)

Name of Requestor: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

Fax#: \_\_\_\_\_

## INFORMATION REQUESTED ON: (please print or type)

Name: \_\_\_\_\_ Alias Name(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Case(s) #: \_\_\_\_\_

Fees apply per Sumner Local Court Rule 9.1 / RCW 3.62.060 and documents will not be released until paid.

The records requested (choose one)  copies only (not certified)  certified copies

I am requesting: (please be specific on what records you are requesting)

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

I hereby agree that the names(s) provided me in this data shall not be used for any commercial purpose by myself or any organization I represent, and I will not allow access to this information by anyone who may use it for purposes of contacting the individuals named therein or otherwise personally affecting them in the furtherance of any profit-seeking activity.

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

Electronic signatures not accepted.

OFFICE USE ONLY	Request	<input type="checkbox"/> Provided	<input type="checkbox"/> Denied	Date: _____
	Reason for denial:	_____		
	Fee: \$ _____	Receipt# _____	clerk: _____	