

REQUEST FOR ACCESS TO MUNICIPAL COURT RECORDS

9002 Main Street East, Suite 100

Bonney Lake, WA 98391

253-862-6606 Fax 253-862-3053

[courtadministration@ci.bonney-lake.wa.us](mailto:courtadministration@ci.bonney-lake.wa.us)

NOTE: Before any information can be released, this form must be completed including written signature and payment of applicable fees. 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. Records may be reviewed at the counter at no charge prior to submitting a request for records.

Identify the court record (s) you would like to inspect or have copied and indicate which court you are requesting records for.

\_\_\_\_\_ Bonney Lake Municipal Court Records (includes Eatonville and South Prairie)

\_\_\_\_\_ Sumner Municipal Court Records

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

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

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

Email: \_\_\_\_\_

INFORMATION REQUEST ON:

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

Case # (s): \_\_\_\_\_

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

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

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

Copy of Court Record (s) (list date/s requested) \_\_\_\_\_

I hereby declare under penalty of perjury, under the laws of the State of Washington, that the name (s) and/or documents provided to me in this data shall not be used for any commercial purposes in violation of State law 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 individuals named therein or otherwise personally affecting them in the furtherance of any profit-seeking activity.

*I understand that if documents are not claimed within 30 days, reapplication and prepayment will be required including previous fee(s).*

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

Electronic signatures not accepted

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OFFICE USE ONLY

Request  Provided  Denied/Not Satisfied Date: \_\_\_\_\_

Reason for Denial/Not Satisfied: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Clerk: \_\_\_\_\_