

RECORDS REQUEST

TO: CUSTODIAN OF RECORDS, City Of Canyon
Municipal Court

FROM: REQUESTOR'S NAME _____
REQUESTOR'S ADDRESS _____
COMPANY/FIRM NAME _____
REQUESTOR'S PHONE NUMBER _____

NAME OF INDIVIDUAL YOU ARE REQUESTING INFORMATION ON (IF DIFFERENT FROM ABOVE):

DATE OF BIRTH

STATE IDENTIFICATION NUMBER

I REQUEST A COPY OF THE FOLLOWING DOCUMENTS(S) ON FILE IN THE CANYON MUNICIPAL COURT.
I UNDERSTAND THAT SOME DOCUMENTS MAY NOT BE SUBJECT TO DISCLOSURE.

I AGREE TO PAY THE FEE FOR ANY COPY REQUESTED.

SPECIFIC DOCUMENT	DATE OF OFFENSE OCCURRED

\$5.00 PER CERTIFIED COPY

CERTIFIED COPY REQUESTED YES ___ NO ___

TOTAL CHARGES DUE: _____

SIGNATURE: _____

DATE: _____

RECEIVED _____

BY: _____

TO PROCESS YOUR REQUEST, YOU MUST APPEAR IN PERSON WITH THIS COMPLETED FORM.