LYNDEN MUNICIPAL COURT
REQUEST FOR COURT RECORDS

1) I AM REQUESTING COURT RECORDS ON:

☐ Myself **OR**

☐ Someone else (provide name and date of birth below)

Full Name: _____
First Name Middle Name Last Name

Date of Birth: _____

2) I AM REQUESTING THE FOLLOWING COURT RECORDS (Court does not have police reports**):** _____

_____

Case Number(s): _____

DO THE COPIES NEED TO BE CERTIFIED? ☐ Yes ☐ No
(Certified copies *cannot* be faxed or emailed)

3) RECORDS REQUESTED BY:

Your Name: _____

Your Address: _____

_____
City State Zip Code

Your Phone Number (including area code): _____

4) I WOULD LIKE THE CLERK TO:

☐ Call when records are ready and I will pick them up (hours 9:00am-12:00pm and 1:00pm – 4:00pm)

☐ Mail records

☐ Fax records - Fax number: _____

_____
COURT USE ONLY

☐ Court docket and/or DCH from public access given to requestor.

This court records request is complete (no other records needed) _____
Clerk's Initials