

**Hoquiam Municipal Court
Administrative Records Request Form**

Information about Person Making Request:

Name of Requestor: _____
Last First MI

Mailing Address: _____
Street City State Zip Code

Telephone: () _____ Cell: () _____ FAX: () _____

E-mail Address: _____

Signature: _____ Date: _____

Description of Requested Record(s). It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.

This is a request to inspect the records identified above.

This is a request for copies of the records identified above.

Other: Explain please,

Procedures:

(1) The Public Records Officer will respond within **thirty (30) calendar days** from receipt of this administrative records request, due to the court meeting irregularly. (2) The procedures, the fee structure for providing records and the process for appealing the decisions of the Public Records Officer regarding exemptions, redaction and identification of the records can be found at <http://cityofhoquiam.com/our-departments/hoquiam-municipal-court/>. If you would like a printed copy of the procedures or if you cannot find the form you are looking for please contact the public records officer using the information noted below.

**Send request to: Public Records Officer/ Court Administrator
609 8th Street
Hoquiam WA, 98550
FAX: 360-533-3602**

You may also hand deliver or fax this request to the address or number stated above.

Request Received: _____ at _____ AM/PM

By: _____