

REQUEST FOR MUNICIPAL COURT SESSION RECORDING

Standard fee is \$10.00 and may take up to 5 business days.

NAME: _____ DATE: ____/____/____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

The undersigned request that the Clerk of Municipal Court check the records of the
Municipal Court for the City of Casper for information concerning

NAME OF PERSON FOR WHOM INFORMATION IS BEING REQUESTED:

DATE OF BIRTH OF PERSON: _____

CR#/ DOCKET #/ CITATION #: _____

DATE OF COURT APPERANCE: _____

THE PURPOSE OF MY REQUEST FOR SAID INFORMATION IS:

Signed: _____ Date: _____

Court Use Only

DATE COMPLETED: _____

PAID : _____