REQUEST FOR COPIES

Name of person requesting information:	
	ADDRESS:
	PHONE NUMBER ()
	FAX NUMBER ()
What do you need copies of:	
	Tape of trial, hearing, etc.
	Certified copy of a file
	Uncertified copy of file
	Copy of citation only
	Other
Defendant's name:	
Year of case or case number if you have it:	
What kind of charges were they,	
	Criminal
	Civil traffic

CLERKS INITIALS_____