



Camp Verde Municipal Court

435 S Main Street Ste.,206A, (Mail): 473 S. Main Street,
Camp Verde AZ 86322

Phone: (928) 567-6635/ Fax: (928) 567-9049

Email: campverdemuni@courts.az.gov

Internet: www.campverde.az.gov/departments/municipal-court

RECORDS/INFORMATION REQUEST FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS TO ENSURE PROMPT SERVICE

Upon completion email form to campverdemuni@courts.az.gov

Your Name: _____

Your Address: _____

City _____ State _____ zip code _____

Your Phone Number: _____ Your Email Address: _____

If requesting specific case record(s): Copies to be Certified: ___ Yes ___ No

Defendant's Name: _____ Date of Birth: _____

Driver's License State and ID# _____

Case Number(s) or Violation(s): _____

Document(s) being requested: _____

I am requesting the video/audio recording of the trial/hearing ___ Yes ___ No *Please note this CD alone cannot be used for an appeal. See "A Citizen's Guide to Appeal" for instructions. If defendant was under the age of 17 at the time of the violation, your relationship to the defendant, if any: _____

If requesting more general information, please describe in detail: _____

IMPORTANT: The Court will get back with you about the cost, if any. Information will be available within ten working days. **Fees, if required, must be paid before requested copies will be released.**

CERTIFIED COPIES \$17.00 PER REQUEST OR PER CASE
COPIES \$0.50 PER PAGE
RESEARCH/LOCATE FILE FEE \$17.00 PER REQUEST
COPY OF VIDEO/AUDIO \$17.00 PER COPY OF TRIAL/HEARING

FOR OFFICE USE ONLY

Today's Date: _____ Mail: _____
Time: _____ Pickup: _____
Court Employee Initials: _____ Call when ready (Y/N): _____
Balance due: _____