

POULSBO MUNICIPAL COURT  
200 NE Moe St, Poulsbo, WA 98370  
Phone (360)779-9846 Fax (360)779-1584

REQUEST FOR PUBLIC RECORDS  
(one form per record request)

Date: \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

1. ON WHOM IS THE INFORMATION REQUESTED? Please fill in whatever information you have.  
If the defendant cannot be identified in our system we will not be able to fill your request.

Defendant's full name: \_\_\_\_\_  
Last First Middle

Case Number: \_\_\_\_\_

Defendant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. WHAT INFORMATION IS BEING REQUESTED? Please be very specific.

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Copies can be made for a nominal fee. If the copies are to be mailed the copies must be paid for in advance along with postage. The copies will be mailed after two weeks if paid by check. Photographing documents is not permitted

I understand that the criminal history information provided by the Poulsbo Municipal Court and released to my custody will not be released to an unauthorized person(s), pursuant to RCW 10.97, Washington State Criminal Records Privacy Act, RCW 42.17.260(6) and WAC 390-13-010. I agree that the information provided will not be used for any commercial purposes by myself or the organization I represent. I will protect the information from access by anyone who may use it for commercial purposes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Requestor's Signature

Neither the court nor the clerk makes any representation as to the accuracy and completeness of the data except for court purposes.