

**CITY OF BLACK DIAMOND  
BLACK DIAMOND MUNICIPAL COURT**

Black Diamond Municipal Court  
25510 Lawson Street  
P.O. Box 599  
Black Diamond, WA 98010  
Phone: 360-886-7784  
Fax: 360-886-5354

Before any information can be released, this form must be completed in full. Upon completion, the information will be prepared and ready for pick up by the requestor within five business days.

.....  
DEFENDANT'S NAME: \_\_\_\_\_

CITATION NUMBER(S): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COURT HEARING DATE(S) REQUESTED: \_\_\_\_\_ / \_\_\_\_\_  
.....

**LIST INFORMATION REQUIRED:**

- CD of Proceedings (\$10.00)       Copy of Citation (\$0.15/Page)  
 Copy of Judgement (\$0.15/Page)       Order on Deferred Prosecution (\$0.15/Page)  
 Court Docket (\$0.15/Page)       Court Pleadings (\$0.15/Page)  
 Other (\$0.15/Page): \_\_\_\_\_  
 Certified *An additional \$5.00 will be added for certified copies of any documents.*

USE OF RECORD: (Reason for request) \_\_\_\_\_

TO WHOM WILL THE INFORMATION BE PROVIDED: \_\_\_\_\_

**METHOD OF DELIVERY:**

- Pick Up at Courthouse       Mail to Below Address (Postage fee will be added to cost)

**REQUESTED BY:**

Name of Requestor: \_\_\_\_\_

Address and/or Title (If applicable): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Request

**FOR OFFICE USE ONLY**

- Phone       In Person       Correspondence

Total Fees: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Clerk Signature Releasing Information)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Information Completed)