

**REQUEST FOR PUBLIC RECORDS**

Person/Organization Requesting Record: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Party Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Specific Documents or Information Requested: \_\_\_\_\_

Are Certified Copies Requested? (Cannot Be Faxed or Emailed)     Yes     No

Delivery Method:     Mail     Pick Up     Fax (non certified)     Email (non certified)

Mail To (If Applicable) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT METHOD:**     CHECK     CASHIERS CHECK/MONEY ORDER     CREDIT CARD

**CREDIT CARD AUTHORIZATION**

Cardholder Name: \_\_\_\_\_

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

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: (Plus Service Fee) \_\_\_\_\_

***I Authorize the Kingman / Cerbat Justice Court to Charge the above Credit Card***

***All payments made with a credit/debit card are subject to a transaction fee by a third party vendor for each transaction (2.5% or with a \$2.00 minimum).***

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE COPIES OF THE FRONT AND BACK OF YOUR DRIVER'S LICENSE, AND CREDIT CARD. THANK YOU.**

**Fees for information requested:**

**JUSTICE COURT**

\$33.00 Search Fee

\$ 0.50 per Page Copy Fee

\$28.00 Additional for Certified Copies

\$28.00 Copy of Audio Tape