Pierce County Superior Court 930 Tacoma Ave South 334 County-City Building Tacoma, WA 98402

REQUEST FOR SUPERIOR COURT RECORDS

Name Last		First	Middle Initial
Address			
City	State		Zip
Day Time Ph	one Number (including area	(code)	
Please state clearly the exact record(s) you are requesting. Be specific			
Have you r	nade this request to any	other agency or do	epartment? Yes No (CIRCLE ONE)
If you answ	vered yes, to which dep	artment(s) was the	other request made?
There will the record.	be a \$.15 charge per pa	ge for each record.	The fee is payable in advance of receiving
Signature of	f Requestor (Required)		Date of Request

No Email or Fax requests will be accepted

Your signature certifies that you will not use the information for commercial purposes.