



## **REQUEST FOR ACCESS TO COURT FILES OR RECORDS**

Please return to: Tukwila Municipal Court 15005 Tukwila International Blvd,  
Tukwila, WA 98188 or by FAX: 206-433-7160, or by [email: Court@tukwilawa.gov](mailto:Court@tukwilawa.gov)  
Questions should be directed to 206-433-1840

**RECORD/DOCUMENT INFORMATION** \*Must have one of the following combinations: 1) Name and date of birth of a party; 2) Name and Washington driver's license number of the party; 3) Case number. Other helpful information is the type of charge and date of violation.

Defendant's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Defendant's Driver's License Number / State: \_\_\_\_\_

Case Number(s) (or) Type of Charge (or) Date of violation: \_\_\_\_\_

\_\_\_\_\_

### **WHAT DOCUMENTS WOULD YOU LIKE?** \* \* \* \* *Copy and document retrieval fees may apply.*

**DO YOU NEED CERTIFIED COPIES? YES / NO** (circle one)      \$ \_\_\_\_\_ *per document*

- Complaint/Citation/Information    Judgment/Sentence Form    No Contact Order    Plea Agreement  
 Stipulated Order for Continuance    AH or DV Petition/Order    Electronic Docket

Other (specify) \_\_\_\_\_

After fees have been paid, copies may be picked up at the court during regular business hours from 9:30 a.m. to 4:00 p.m. If you cannot pick up your documents, please indicate your preferred delivery method (circle one): Mail / Fax / E-mail

**REQUESTOR'S INFORMATION** \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Apt#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

**If documents are not claimed within 30 days, reapplication and prepayment  
will be required including previous fee(s).**

**Signature of requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only: Date Requestor Advised:** \_\_\_\_\_ **Amount Due: \$** \_\_\_\_\_