

**BELLINGHAM MUNICIPAL COURT
REQUEST FOR ADMINISTRATIVE RECORDS**

Requestor Information:

Printed Name: _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: () _____ Fax: () _____

Email Address: _____

Signature: _____

Description of Requested Administrative Record(s): It is important to be as specific as possible as to name, location, date and type of record requested.

[] This is a request to inspect the records identified above.

[] This is a request for copies of the records identified above.

Procedure: The Public Records Officer will respond within five (5) working days from receipt of this completed Request for Administrative Records form.

Public Records Officer: Becky Curtis
Phone: (360) 778-8150 9:00 a.m. - 12:00 p.m. and 1:00 p.m. - 4:00 p.m.
Fax: (360) 778-8151
Email: court@cob.org

Request received on _____ at _____ AM / PM By: _____