

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

\$33.00 Additional for Certified Copies

\$33.00 Copy of Audio Tape