GLENN HEIGHTS MUNICIPAL COURT

REQUEST FOR DISCLOSURE OF COURT RECORDS

PLEASE PRINT OR TYPE ALL INFORMATION

Every effort shall be made to expedite all requests for disclosure of public records, however, due to personnel demands, schedules, or other restraints there are incidents when the disclosure of records may take time allowed by law, which is up to 10 working days.

NAME/COMPANY OF PARTY REQUESTING INFORMATION:

_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # : _____

Please provide detailed description of records being requested. Be very specific. Include citation numbers, dates, and any other pertinent information.

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_____ _____

Date of Request Signature

Approval for Release of Public Records

Custodian of Records: _____

Date Received: _____

Action Taken: _____

Requires Review by Judge	**Requires Review by City Atty.**	**Requires Review by Atty.Gen**
Date Submitted:	Date Submitted:	Date Submitted:
Date Returned:	Date Returned:	Date Returned:
Approved: YES NO	Approved: YES NO	Approved: YES NO
Processed By:	Processed By:	Processed By:
Released By:	Released By:	Released By:
Fees due $	Fees due $	Fees due $