

GARFIELD COUNTY SUPERIOR COURT
DOCUMENT REQUEST

Requesting Party: _____

Address: _____

Telephone Number: _____

Date of Request: _____

Your name and address are requested in order to assist us in responding to your request. If you prefer not to give your name and address, please bring a copy of this request with you when you check back with our office regarding your request. In order to assure a prompt and complete response to your request, please provide as specific description as you can for the documents or audio hearings that you are requesting.

Cause Number: _____

Non-certified Copy _____

Certified Copy _____

Authenticated Copy _____

Description of Documents or Audio Hearings Requested: _____

Pursuant to RCW 36.18.016 you will be charged \$5.00 for the first page and \$1.00 per page thereafter for certified copies, or \$.50 per page non-certified. For a CD copy of hearing audio, a fee of \$25.00 per CD will be charged.

Court Use Only	
Date of Response _____	Initials _____