



SUNNYSIDE MUNICIPAL COURT

PUBLIC RECORDS REQUEST (RCW 42.56)

Full Name: _____ Date: _____

Date of Birth: _____ Telephone: _____ Cell: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Identification/Description of Record(s) Sought:

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review. Note that pursuant to RCW 42.56.520, we have five (5) business days to respond to your request.

Reason for requesting records: _____

I wish to have certified copies made

Mail records

Call me – will pick up records

E-mail records

I certify that any lists of individuals obtained through this request will NOT be used for commercial purposes. RCW 42.56.070(9)

Signature: _____

Record requested by: _____

If not self, list name, title & phone number

SUBMIT COMPLETED FORM TO:

Sunnyside Municipal Court

401 Homer Street

Sunnyside, WA 98944

(509) 839-4427

FAX: (509) 836-6272