

# Ferndale Municipal Court

## Request for Information Form

### Information Requested:

Today's Date: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Defendant's DOB: \_\_\_\_\_

Defendant's Case Number: \_\_\_\_\_

What was Defendant's Charge: \_\_\_\_\_

### Documents Requested:

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### Information Requested By:

Requester's Name: \_\_\_\_\_

Agency (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I understand that neither The Court nor the Clerk makes any representation as to the accuracy and completeness of the data except for court purposes.**

Signature of Requester: \_\_\_\_\_

**Any copy fees must be paid in advance. If you wish the item mailed, please provide a stamped, self-addressed envelope.**

Mail Request to: P.O. Box 291, Ferndale, WA 98248

Fax Request to: 360-312-0106