

# LAKESWOOD MUNICIPAL COURT PUBLIC RECORDS REQUEST

## Requesting Party Information:

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

## Records Requested:

Name of Defendant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Summons Number: \_\_\_\_\_ Violation Date: \_\_\_\_\_

Cost: \$6

Please allow five business days for a court disposition.

I swear or affirm that the above information is true and correct and that I will not use this information for the direct solicitation of business.

\_\_\_\_\_  
Requesting Party (Signature)

\_\_\_\_\_  
Date