

IN THE STATE OF WYOMING, COUNTY OF NATRONA

CITY OF CASPER, MUNICIPAL COURT



CITY OF CASPER,)
Plaintiff,)
vs.)
) ss
)
Defendant.)

Docket No. _____

Ticket No. _____

REQUEST FOR MUNICIPAL COURT RECORD CHECK

This request may take up to 10 business days for processing after a \$10.00 fee for a records review is paid in full. This will include up to 20 pages of information, if any, and then \$ 0.50 for each additional page thereafter.**

NAME: _____ DATE: _____

PHONE: _____ FAX: _____

EMAIL: _____

THE PURPOSE OF MY REQUEST FOR INFORMATION IS: _____

The undersigned requests that the Clerk of Municipal Court check the records of the Municipal Court for the City of Casper for the requested information.

Signed: _____ Date: _____

Court Use Only

DATE OF INTAKE: _____

FEE PAID: YES [] NO []

DATE RECORDS CHECK IS COMPLETED: _____

DATE OF PICKUP BY REQUESTER: _____