

**MONTGOMERY MUNICIPAL COURT  
RECORD REQUEST FORM**

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

Name of Requesting Person: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_

**INFORMATION ABOUT THE CASE**

(Please Provide as Much Information About the Defendant and the Case)

Defendant Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Charge: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Date of Warrant/Ticket: \_\_\_\_\_

Other Case Information: \_\_\_\_\_

Type of Record Requested (Check One):

Deposition & Complaint: \_\_\_\_\_ Traffic Ticket: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_