

# Administrative Records Request Form

## Chehalis Municipal Court

### Requestor Information:

Printed Name:

\_\_\_\_\_  
Last First MI

Address:

\_\_\_\_\_  
Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

**Description of Requested Record (s).** It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] This is a request to inspect the records identified above.

[ ] This is a request for copies of the records identified above.

[ ] Other:

Explain

please \_\_\_\_\_

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**Procedures:**

(1) The Public Records Officer will respond within five (5) working days from receipt of this administrative records request, unless this request is to a court that meets irregularly. In such case, the response to the request will be provided within thirty (30) calendar days of the request.

(2) The procedures, the fee structure for providing records and the process for appealing the decisions of the Public Records Officer regarding exemptions, redaction and identification of the records can be found at [Municipal Court Home | City of Chehalis Washington Official Website](#) .

If you would like a printed copy of the procedures, please contact the public records officer using the information noted below.

**Public Records Officer:**

Name: Madisen Lester

Phone: ( 360 ) 345-1025

Fax: ( 360 ) 345-1050

E- mail Address: [mlester@ci.chehalis.wa.us](mailto:mlester@ci.chehalis.wa.us)

Request Received: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

By:

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