

FERRY COUNTY DISTRICT COURT
REQUEST FOR INFORMATION

The following information is necessary for us to process your request for information or records. Please complete this form and return to court clerk.

YOUR NAME (Please Print): _____

AGENCY OR COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

FAX: _____ EMAIL ADDRESS _____

INFORMATION REQUESTED: Provide as much detail as possible – if this information concerns a named individual, please give necessary identifying information i.e., date of birth, driver’s license number, most current address, etc.

WHAT WILL THE INFORMATION BE USED FOR? _____

TO WHOM WILL THE DATA BE DISSEMINATED? _____

DATE INFORMATION NEEDED: _____

FEES

The following fees are applied to information requests that require generation of copies of court documents and/or tape recordings of court proceedings. You may set up an appointment to view court files at court counter to establish which documents you would like copies of.

Regular copy fee: \$0.50 per page. Certified copies: \$5.00 per document plus \$1.00 for each additional page. CD copy: \$20.00. Electronic Data Transfer: \$0.25 per page, amount due prior to transfer.

I, the undersigned:

■ Agree to use and distribute the information only as provided in the above referenced statement of intended use;

■ Agree not to use for fraudulent or commercial purposes (Data Dissemination Policy IIIA(5);

■ Agree to take responsible precautions to prevent disclosure of information beyond the above referenced statement of intended use;

■ Agree to pay, unless payment is waived, the cost of generation of requested information;

Certify, under penalty of law, that all the information supplied above is true and a complete description.

Signature of Requestor: _____ Date: _____

I, THE UNDERSIGNED REQUESTOR, RECEIVED REQUESTED
INFORMATION AND/OR MY REQUEST HAS BEEN SATISFIED.

SIGNATURE: _____ Date: _____

WITNESSING/RECEIVING CLERK: _____