

MARION MUNICIPAL COURT
Public Records Request Form

Date _____

Records requested by:

Records requested on:

Name

Name

Address:

Address:

Telephone: _____

Telephone: _____

Birthdate: _____

Birthdate: _____

SSN: _____

SSN: _____

Information requested: (for example: copy of a document, list of offenses or convictions for a person, etc.)

For Office Use:
Date request was fulfilled: _____

Signature