MARION MUNICIPAL COURT

Public Records Request Form

Date_____

Records being requested by:

_____

Name

Address:

_____

_____

Telephone: _____

Birthdate: _____

SSN: _____

Records being requested on:

_____

Name

Address:

_____

_____

Telephone: _____

Birthdate: _____

SSN: _____

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

_____

_____

For Office Use:

Date requested was fulfilled: _____

_____

Signature