Renton Municipal Court Information Request

Date: _____

What information is being requested? (Please be specific):

_____
_____
_____
_____

To whom shall information be sent?

Requestor: _____

Representing: _____

Professional License Number: _____

Address: _____

City/State/Zip Code: _____

Area Code/Telephone Number: _____

On whom is the information requested? (At a minimum, this must include a full name and date of birth or driver's license number.)

Subject's Full Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____

Drivers License No.: _____

Subject's Address: _____

City/State/Zip Code: _____