

Pierce County District Court  
930 Tacoma Ave South  
County-City Building, Room 239  
Tacoma, WA 98402  
Fax: 253-798-6185

**REQUEST FOR DISTRICT COURT ADMINISTRATIVE RECORDS  
GR 31.1 and PCLGR 31.1**

---

Last Name	First Name	Middle Initial
-----------	------------	----------------

---

Address

---

City	State	Zip
------	-------	-----

---

Day Time Phone Number (including area code)

Please state clearly the exact record(s) you are requesting. Be specific.

- Please provide copies of the records and mail them to me at the above address  
 Please provide copies of the records and hold them for me to pick up  
 Please make the records available for my inspection

There will be a \$.15 charge per page for each record and costs to mail records. In addition, after the first hour, \$30/hour will be charged for staff time to process your request. All fees are payable by exact cash, cashier's check, or money order in advance of receiving the record.

/s/

\_\_\_\_\_  
Signature of Requestor (Required)

\_\_\_\_\_  
Date of Request

**Your signature certifies that you will not use any list of individuals for commercial purposes.**