Bulk Data Request to Access Court Disposition Records Request Form

FOR COURT OPERATIONS PURPOSES ONLY, NOT TO BE FILED IN CASE FOLDER

Mailing Contact

Customer Name _____

Company Name _____

Street Address _____

City, State, ZIP _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

Payment Terms Payment in full due within 30 days from invoice.

Payment Amount $600 yearly fee.

Billing Contact (leave blank if same as above)

Customer Name _____

Company Name _____

Street Address _____

City, State, ZIP _____

Telephone Number _____

Fax Number _____

Special Considerations

What is this information going to be used for?

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in the forfeit of my payment.

Name (printed) _____

Signature _____ Date _____

Administration Review (for Court use only)

Reviewed on: _____ ☐ Approved ☐ Denied