



GARLAND

MUNICIPAL COURT

1791 West Avenue B, Garland, TX 75042
Phone: 972-205-2330 Fax: 972-487-7335

REQUEST FOR RECORDS

Date of Request: _____

Name of person requesting records: _____

INFORMATION OF PERSON ON FILE

Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Citation number (s) or cause number (s): _____

Please describe the records you are requesting (i.e. certified copy of record, certified letter, etc.):

CONTACT INFORMATION

Office Phone: _____ Cell Phone: _____

Fax Number: _____ Home Phone: _____

E-mail address: _____

SIGNATURE AND IDENTIFICATION OF PERSON REQUESTING RECORDS

Name: _____ I.D: DL#: _____

File Mark Date: _____ Clerk: _____

NOTE: YOU WILL BE CHARGED \$0.10 PER PAGE

Methods of Payment: Cash, Cashier's Check, or money orders only.

A court representative will contact you when the records are ready. Please indicate how you would like to receive your records (please note, depending on the size of the record response, some delivery options may not be available).

Please e-mail / Please mail / I will pick up in person

