

REQUEST FOR PUBLIC RECORDS

Person/Organization Requesting Record: _____

Reason for Request: _____

Party Name: _____ Date Of Birth: _____

Case Number(s): _____

Daytime Phone Number: _____ Email: _____ Fax: _____

Specific Documents or Information Requested: _____

Are Certified Copies Requested? (Cannot Be Faxed or Emailed) Yes No

Delivery Method: Mail Pick Up Fax (non certified) Email (non certified)

Mail To (If Applicable) Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____

PAYMENT METHOD: CHECK CASHIERS CHECK/MONEY ORDER CREDIT CARD

CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Cardholder Phone Number: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

3 Digit Security Code: _____ Expiration Date: _____ Amount: _____

I Authorize the Lake Havasu Consolidated Court to Charge the above Credit Card

Cardholder Signature: _____ Date: _____

Fees for information requested:

MUNICIPAL COURT

\$17.00 Search Fee
\$ 0.50 per Page Copy Fee
\$17.00 Additional for Certified Copies
\$25.00 Copy of Audio Tape

JUSTICE COURT

\$28.00 Search Fee
\$ 0.50 per Page Copy Fee
\$28.00 Additional for Certified Copies
\$28.00 Copy of Audio Tape

NOTICE OF DISCLAIMER: Lake Havasu Consolidated Court, responds to all requests for public records in accordance with *Lake Havasu City Code Chapter 2.24* and *ARS § 39-101 et seq.* Lake Havasu Consolidated Court, does not warrant and shall not be responsible or liable for any loss, consequence, or damage resulting directly or indirectly from reliance upon the accuracy, reliability, or timeliness of any record(s) provided pursuant to this request. Any person or entity relying upon record(s) provided pursuant to this request does so at the person's or entity's own risk and assumes the responsibility of verifying any information used or relied upon. The information provided is used by Lake Havasu City for internal reference purposes.