

City of Eagle Pass Municipal Court

**Request for Record(s)**

*Date of Request:* \_\_\_\_\_

*Information concerning person and/or organization making request for record(s):*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone Number(s):* \_\_\_\_\_

*Please describe the record(s) you are requesting:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I am making a request to:*

\_\_\_\_\_ *Inspect the record(s)*    \_\_\_\_\_ *Receive* \_\_\_\_\_ *copy(ies) of the record(s)*

*Signature of person requesting record(s):* \_\_\_\_\_

*Received at the Municipal Court's Office on* \_\_\_\_\_ *By:* \_\_\_\_\_ *Time:* \_\_\_\_\_

*Paid on* \_\_\_\_\_ *Receipt No.* \_\_\_\_\_ *Amount:* \_\_\_\_\_

*Released on* \_\_\_\_\_ *To:* \_\_\_\_\_ *ID:* \_\_\_\_\_

*M. C. Judge's Approval* \_\_\_\_\_