

**MONTGOMERY MUNICIPAL COURT
RECORD REQUEST FORM**

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Date of Request: _____

Name of Requesting Person: _____

Home Address: _____

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INFORMATION ABOUT THE CASE

(Please Provide as Much Information About the Defendant and the Case)

Defendant Name: _____

Race: _____ Sex: _____ Date of Birth: _____

Charge: _____

Case Number(s): _____

Date of Warrant: _____

Other Case Information: _____

Type of Copy Requested (Check One):

Non-Certified: _____ Certified: _____ By E-mail or FAX: _____

Type of Record Requested (Check One):

Deposition & Complaint: _____ Traffic Ticket: _____

Other (Specify): _____

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