



Canby Municipal Court

PUBLIC RECORDS REQUEST

This form is to be used for records requests for any closed court cases – Do not use this form to request records on pending court cases

Please Print and Complete Entire Form – Missing or unreadable information could cause a delay in your request

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Fax Number: _____

Record Information:

Name of Person in Record: _____

Date of Birth: _____ Docket or Citation Number: _____

Records Requested: _____

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes. I understand that there will be a fee for copies.

Signature of Requestor: _____ Date: _____

Fees: Public Records: \$5.00 1st Page and .25 for each additional page
Public Records Mailing Cost: Actual cost + \$1.00 handling fee

Send form by fax: 503-263-0019, e-mail: Court@canbyoregon.gov or mail to Canby Municipal Court, PO Box 930, Canby, OR. 97013

COURT STAFF USE ONLY: Do Not Write Below This Line

Processed By: _____ Date: _____

Request Approved/Documents Provided: _____

Request Denied/Reason: _____

No Record Found No Records Per State Retention Guidelines

Fee Paid/Amount: _____

Comments: _____