MUNICIPAL COURT OF RECORD

CITY OF SEAGOVILLE

702 N HIGHWAY 175, SEAGOVILLE, TX 75159
(972) 287-2192 – FAX 469-319-5042

NAME:_____ DATE:_____

FIRM/COMPANY:_____

ADDRESS:_____

PHONE:_____ EMAIL:_____

INFORMATION REQUESTED FROM THE MUNICIPAL COURT:

_____

_____

_____

_____

_____

PLEASE INDICATE IF YOU WOULD LIKE TO:

____ VIEW THE INFORMATION REQUESTED ____ RECEIVE COPIES OF THE INFORMATION

SIGNATURE:_____

OFFICE USE ONLY

REQUEST ACCEPTED BY:_____

JUDGE NOTIFIED OF REQUEST ON: _____ JUDGE'S SIGNATURE: _____

REQUEST COMPLETED & REQUESTOR CONTACTED ON: _____

AMOUNT DUE: _____

Provided ____ pages for review. Copied ____ pages at a cost of $___ per page
Totaling $ _____ to the above named.

BY: _____ TITLE: _____