

PEND OREILLE COUNTY DISTRICT COURT
REQUEST FOR INFORMATION

The following information is necessary for us to process your request for information or records. Please complete this form and return to court clerk.

YOUR NAME (Please Print): _____
AGENCY OR COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

INFORMATION REQUESTED: Provide as much detail as possible – if this information concerns a named individual, please give necessary identifying information i.e., date of birth, driver's license number, most current address, etc.

WHAT WILL THE INFORMATION BE USED FOR: _____

TO WHOM WILL THE DATA BE DISSEMINATED: _____

DATE INFORMATION NEEDED: _____

FEES

The following fees are applied to information requests that require generation of copies of court documents and/or tape recordings of court proceedings. You may set up an appointment to view court files at court counter to establish which documents you would like copies of.

Regular copy fee: \$0.50 per page Certified copy of each document: \$5.00 each, plus a \$1.00 for each additional page. CD copy: \$10.00 (allow one week), a \$3.50 mailing fee will be assessed if you wish to have the CD mailed to you. (\$5.00 flat mailing fee if multiple CD's are mailed to one address) **Electronic Data Transfer: \$.25 per page**, amount due prior to transfer.

I, the undersigned:

- Agree to use and distribute the information only as provided in the above referenced statement of intended use;
- Agree not to use for fraudulent or commercial purposes (Data Dissemination Policy IIIA(5);
- Agree to take responsible precautions to prevent disclosure of information beyond the above referenced statement of intended use;
- Agree to pay, unless payment is waived, the cost of generation of requested information;

Certify, under penalty of law, that all the information supplied above is true and a complete description.

Signature of Requestor: _____ Date: _____

I, THE UNDERSIGNED REQUESTOR, RECEIVED REQUESTED INFORMATION AND/OR
MY REQUEST HAS BEEN SATISFIED.

SIGNATURE: _____ Date: _____
WITNESSING CLERK: _____