City of Woodville
Municipal Court

400 West Bluff Woodville, TX 75979
Phone (409)283-3255 Fax (409)283-8412

INFORMATION / RECORD REQUEST

Request Received _____ _____
Date By

This is a request for the following:

_____ Certified Disposition _____ Copy of Judgment/ Sentencing

_____ Copy of Citation

_____ Other (specify) _____

_____

Information is being requested on:

DEFENDANT _____ _____ _____
Last First Middle

DOB: _____ DL#: _____ SSN: _____

Person requesting information:

_____ I am the Defendant- contact phone # _____

_____ I am not the Defendant- Name: _____

Contact phone#: _____

Delivery of information:

_____ Mail to : _____

_____ Will pick up. Contact Phone# _____

_____ _____
Signature of Requestor Date

This section to be completed by the court:

_____ Completed- Records located and provided to requestor.

_____ Completed- Records requested were not located on file with this court.

_____ Records destroyed per City of Woodville Records Retention Schedule.

Request processed by: _____ Date: _____