



# GARLAND Municipal Court

1791 West Avenue B, Garland, TX 75042  
Phone: 972-205-2330 Fax: 972-487-7335

## REQUEST FOR RECORDS

Date of Request: \_\_\_\_\_

Name of person requesting records: \_\_\_\_\_

### INFORMATION OF PERSON ON FILE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Citation number (s) or cause number (s): \_\_\_\_\_

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Please describe the records you are requesting (i.e. certified copy of record, certified letter, etc.)

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### CONTACT INFORMATION

Office Phone: \_\_\_\_\_ I.D: DL# \_\_\_\_\_

File Mark Date: \_\_\_\_\_ Clerk \_\_\_\_\_

**NOTE: YOU WILL BE CHARGED \$.10 PER PAGE**  
**Methods of Payment: Cash, Cashier's Check, or money orders only.**

