

# Covington Municipal Court

## Open Records Request

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

Time of Request \_\_\_\_\_

Requestor Name \_\_\_\_\_

Requestor Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Requestor E-Mail Address \_\_\_\_\_

Requestor Phone Number \_\_\_\_\_

Requestor Fax Number \_\_\_\_\_

Type of Record Request (Please be as specific as possible)

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Name of Individual \_\_\_\_\_

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Date of Incident \_\_\_\_\_ Case Number \_\_\_\_\_

Additional Information \_\_\_\_\_

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Are you requesting copies of these records or do you wish to merely inspect them?

(Please check one box):       Inspect Records       Copy of Records

❖ Please indicate your preferred method of contact regarding the above information  
(please check one box):

Phone

E-Mail

Fax

Mail

Other: \_\_\_\_\_

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