

Mail Copy (ID must attached)
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FAX TO: _____
Certified Copy

CITY OF COLUMBIA-MUNICIPAL COURT
600 E. BROADWAY
COLUMBIA, MO 65201
573-874-7230

REQUEST FOR MUNICIPAL COURT DISPOSTION
Please allow 72 business hours

_____ (Individual making request)

_____ (Address)

_____ (City/State/Zip)

DEFENDANT: _____ DOB: _____

INFORMATION REQUESTED BY:

- Defendant (ID provided)
- Military
- Child Care Employer
- Elder Care Employer
- Disabled Care Employer
- Other Employer
- Other: _____

***** COURT USE ONLY *****

A request was made for Municipal Court record information on the above named individual. The results are as follows:

NO RECORD FOUND

RECORD INFORMATION BELOW / ATTACHED

OFFENSE DATE	VIOLATION	DISPOSITION DATE/DISP.

Court Employee Signature & Title

Date