

2110 Fourth Street

City of Rosenberg
Municipal Court
P. O. Box 32

Rosenberg, Texas 77471

JUDICIAL RECORDS REQUEST

Date of Request: _____

Requestor: _____

Address: _____

Tel. _____

Cell _____

Fax _____

Defendant's Name: _____

Citation or Case Number _____

Specific Records Requested For: _____

D.O.B. _____

Tx DL _____

SS# _____

Offense Date: _____

Inspection _____ Copy _____

YOUR REQUEST WILL BE PROCESSED WITHIN 14 DAYS

For Office Use Only

Date Received: _____ By: _____

Deliver Via: Pick Up: Date: _____

Fax: No. _____

Mail To: Add: _____

Charges to be collected upon delivery:

Copy charge per page: No. of Pages _____ X _____ = \$ _____

Postage: No of ounces _____ X Rate _____ = \$ _____

Time: No of hours _____ X Rate _____ = \$ _____

Other: _____ = \$ _____

TOTAL \$ _____