IN THE CIRCUIT COURT OF CASS COUNTY, MISSOURI
HARRISONVILLE MUNICIPAL DIVISION

RECORDS REQUEST FORM

Date: _____

Requestor: _____

Requestor's Address: _____

_____

Requestor's Telephone Number: _____

Indicate below preferred method for delivery of copies and provide complete contact information. Certified copies must be forwarded by mail.

□ Requestor's Fax Number: _____

□ Requestor's E-Mail Address: _____

Style of Case: CITY OF HARRISONVILLE vs. _____
Defendant

Case Number: _____

Disposition Date: _____

Date of Birth of Defendant: _____

Documents Requested: _____

_____

Copy Certified: YES NO

Additional comments: _____

All fields must be completed – incomplete requests will not be processed