

## REQUEST FOR WASHINGTON COUNTY COURT DOCUMENTS

Court file no:			
Party(s) name(s):			
Name o	f document	Number of certified copies (\$14.00 ea.)	Number of plain copies (No Charge)
Requested by:		<u>'</u>	•
Name:			
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City, state, zip:			
Day telephone:			
Mail request with appropria	te fee (do not send ca	sh) to:	
	ngton County Court Ac	dministration	

Stillwater, MN 55082-3802

P.O. Box 3802 14949 62<sup>nd</sup> St. N.