

### **OPEN RECORDS REQUEST:**

1. Complete the attached form in its entirety.
2. You may return the form:
  - A. In person placing it in the designated basket in the lobby of the Municipal Court;
  - B. By mail to: Beaumont Municipal Court, PO Box 3827, Beaumont, TX 77704;
  - C. By fax to (409)980-7244; or,
  - D. By E-Mail to: [court@ci.beaumont.tx.us](mailto:court@ci.beaumont.tx.us).
3. Once the form is received, the Court has 10 business days to process the request.
4. Once the request is completed, you will be contacted by telephone or e-mail and informed of your total fee.
5. You may mail your fee in full to the Court or come to the lobby and pick up the records. Records will not be released until full payment is received.
6. If you have any questions, please call the Court at (409) 980-7200 or by e-mail at [court@ci.beaumont.tx.us](mailto:court@ci.beaumont.tx.us).

# Beaumont Municipal Court

700 Orleans Street \* PO Box 3827

Beaumont, TX 77704-3827

Phone: (409) 980-7200 Fax: (409) 980-7244

[www.cityofbeaumont.com](http://www.cityofbeaumont.com)

Email: [court@ci.beaumont.tx.us](mailto:court@ci.beaumont.tx.us)

## OPEN RECORDS REQUEST

**\*This form must be completed in its ENTIRETY and be LEGIBLE in order to process your request.\***

Today's Date:	Accident reports must be requested from the Beaumont Police Department. Call (409) 880-3817 for further information.		
Name:	Address:		
City:	State:	Zip:	
Area Code/Contact Phone:	Email Address:		

Once your records have been processed, you will be contacted by phone and advised the fee owed. Records will not be released or mailed until payment is received in full.

How do you wish to receive your records:

Pick-Up at Municipal Court       Facsimile       Mail (You will be charged for mailing fees).

**Please complete as much information on the defendant as possible:**

Name (Last, First):	Date of Birth:	Driver's License No.:	Alias (AKA/Maiden):
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Are you requesting a criminal history on ALL cases dealing with the above defendant?  Yes  No

If not, please list the specific case number(s) and/or date(s) you are interested in receiving information on:

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Please list any other information you may have pertaining to your request:

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Are you requesting your document(s) be certified (additional \$1.00 per page fee) ?  Yes  No

Note: The Texas Public Information Act does not require a governmental body to create new information, to do legal research, or to answer questions. The request must ask for records or information already in existence

OFFICE USE ONLY:

Received:	Date:	Fee:	Contacted:
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