

IN THE MUNICIPAL COURT  
FOR THE CITY OF CHEYENNE, WYOMING

I, the undersigned do hereby request a records check on the following listed person:

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF CHARGES \_\_\_\_\_

CHARGES \_\_\_\_\_

ANY OTHER INFORMATION THAT IS KNOWN ABOUT THE  
CASE \_\_\_\_\_

I understand that the records check, whether any information is found or not, will cost \$10.00 *in addition to any copying fees incurred*. This is payable in advance by *Cash, Certified Check, or Money Order*, mailed out to the City of Cheyenne. Your information will be mailed to you within 2 days of the receipt of this dated request. I understand that Juvenile Records will not be released to me.

REQUESTING PARTY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_