

**THE CITY OF WINDER
MUNICIPAL COURT
REQUEST FOR CERTIFIED COPIES**
Please write clearly

Today's Date: _____

Name of Defendant: _____

Mailing Address: _____

City/State/Zip: _____

Contact Phone #: _____ E-Mail: _____

Violation Date: _____

Citation #(s)

Charge(s)

Special Instructions: _____

Printed Name of Requestor

Signature of Requestor

Completed:

By: _____
Winder Municipal Court

Date: _____