

**City of Knoxville Municipal Court**  
800 East Church Avenue  
Knoxville, TN 37915  
Phone: 865-215-7500 / Fax: 865-215-7440  
**Request for Archived Public Record**

This form is to request public records archived by the Municipal Court. The information listed below is necessary to process your request. Please do not leave any spaces blank that may cause delay in your request. All requests will be processed on Thursdays each week following completion of this form. Results of this request will be completed within a reasonable time. Documents retrieved will be re-filed the following week unless otherwise notified.

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Drivers License Information: (Number) \_\_\_\_\_ (State Issued) \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ License Plate Number: \_\_\_\_\_ (State Issued) \_\_\_\_\_

Any Alias: \_\_\_\_\_

Company / Organization : \_\_\_\_\_

Company Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ (Fax) \_\_\_\_\_

Phone Number(s): (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Current Home Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Previous Home Address: (Street) \_\_\_\_\_  
(If applicable)  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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**Description of Request**

Citation Number: \_\_\_\_\_ Date citation issued: \_\_\_ / \_\_\_ / \_\_\_ Disposition Date: \_\_\_ / \_\_\_ / \_\_\_

To help us find your document please explain the nature of your request below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I understand that if I want copies made of any public documents from Municipal Court, that I will pay **two dollars (\$2.00) per page per copy and three (\$3.00) dollars per page per certified copy**. Furthermore, I understand that any document retrieved will be re-filed the following week unless I otherwise notify the Court.

Signature: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_

Date Promised: \_\_\_\_\_