



CITY OF ST. PETERS MUNICIPAL DIVISION

1020 GRAND TETON
ST. PETERS, MO 63376

(636) 279-8280 FAX (636) 928-4482

www.stpetersmo.net

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the St. Peters Municipal Court to release confidential records to: _____

(List the individual/agency/attorney/business you authorize to receive your records)

Any and all documents pertaining to me.

Any and all documents pertaining to the following cases/charges:
(Check this box if authorization is only for specific case(s) and list them below.)

It is expressly agreed that a photocopy of this authorization shall be valid as an original.

DATE: _____

Print Name: _____

Signature: _____

STATE OF _____

COUNTY OF _____

On this ____ day of _____, in the year _____ before me, _____ (name of notary), a Notary Public in and for said state, personally appeared _____ (name of individual), known to me to be the person who executed the within Authorization to Release Records, and acknowledged to me that _____ (he/she) executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

My term expires: _____

NOTARY PUBLIC

(NOTARY SEAL)