



# Madison County Copy Request

Upon FULL Completion of Form - Submit Below

You will be notified of the cost for the copies prior to your request being completed.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
ADDRESS 1

\_\_\_\_\_  
ADDRESS 2

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

\_\_\_\_\_  
EMAIL

**CASE INFORMATION:**

\_\_\_\_\_  
YEAR TYPE NUMBER

\_\_\_\_\_  
PLAINTIFF DEFENDANT CHARGE (IF FELONY CASE)

**YOUR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** To **SUBMIT** please **SAVE** the filled-in form to your computer, complete and **email as an attachment** to: **courtcopy@madisoncountyl.gov**