

**BULK DATA REQUEST
TO ACCESS COURT
DISPOSITION RECORDS**

Superior Court of California
County of Merced



Mailing Contact

Customer Name	
Company Name	
Street Address	
City, State, ZIP	
Telephone Number	
Fax Number	
E-Mail Address	
Payment Terms	Payment in full due within 30 days from invoice
Payment Amount	\$600 yearly fee

Billing Contact (leave blank if same as above)

Customer Name	
Company Name	
Street Address	
City, State, ZIP	
Telephone Number	
Fax Number	

Special Considerations

What is this information going to be used for?

Does your agency have approval of the person to review this information? Yes No

Is your agency a governmental entity? Yes No

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in the forfeit of my payment.

Name (printed) _____

Signature _____

Date _____