

Spokane County District Court

Removal from Collections Request:

Date: _____

Name: _____

First

Middle Initial

Last

Mailing Address: _____

Phone/Cell: _____

E-mail Address: _____
(If waiting for a reply from the court, in addition to your inbox, you may need to check your spam/junk folder)

Date of Birth: _____

Case Number(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement: _____

Signature: _____

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