Spokane County District Court

Removal from Collections Request: Date:_____

Name: _____ ____ _____

First Middle Initial Last

Mailing Address: _____

_____

E-mail Address (check your spam or junk folder):_____

Date of Birth: _____

Case Number(s):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Statement:_____

_____

_____

_____

Signature: _____