MUNICIPAL COURT, CI					
1001 11 <sup>th</sup> Ave., Greeley, CO 80631 Phone (970) 350-9230 Facsimile (970) 350-9231					
mccourt@greeleygov.com					
THE PEOPLE OF THE C	ITY OF GREELEY,		-		
VS					
			▲ COURT USE ONLY ▲		
Defendant(s)	,		Z COOKI USE ONEI Z		
Attorney or Party Without	Attorney (Name and Address):		Summons No. :		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division Courtroom		
МС	OTION TO				
For the following reasons: (	cite any applicable law)				
I request the Court to:					
Dated:					
		Def	Defendant		
		Ado	Address		
		7100	***		
		City	y, State and Zip Code		
		Tele	ephone Number (Home)	(Work)	
	CERTIFICAT	E OF SERVIC	CE		
I certify that on	(date) the original of t	his Motion wa	s filed with the Court; and a true a	nd accurate copy of	
		was served on the other party(ies) by placing it in the United States mail,			
postage pre-paid and addressed	d to the following:				
		Defendant			
	<del></del>	Detellualit			