

LISA ZENO CARANO
CLERK OF COURTS

**STOW MUNICIPAL COURT
RECORD REQUEST FORM**

PLEASE STATE SPECIFIC REQUESTED COPIES, OTHERWISE YOU MUST CONTACT THE RECORDS CLERK AT 330.564.4110 FOR MORE INFORMATION.

I, _____ request case # _____
from the Stow Municipal Court record room. It is my understanding to allow the Clerk reasonable time to prepare requested information/copies from the specific case file.

NAME _____

PHONE NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE _____

SIGNED _____

Public Records Copy Fees	
Certified Copies (per page)	\$ 1.00
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