



STOW MUNICIPAL COURT PUBLIC RECORDS REQUEST

DIANA COLAVECCHIO, CLERK OF COURTS

DATE OF REQUEST: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DEFENDANT'S NAME: _____

DATE OF ARREST/CASE NUMBER: _____

SSN: _____

YOUR NAME: _____

PHONE NUMBER: _____ EMAIL: _____

PLEASE STATE THE SPECIFIC DOCUMENT(S) YOU ARE REQUESTING:

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To avoid postage, you may submit a self-addressed, stamped envelope with your request.

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PAYMENT IS DUE PRIOR TO PROVIDING YOUR DOCUMENT(S).

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CLERK'S OFFICE, RECORDS DIVISION, AT (330) 564-4133.

YOU MAY SUBMIT THIS FORM TO OUR OFFICE VIA FAX AT (330) 564-4114, IN PERSON OR VIA EMAIL TO kinnick@stowmunicourt.com

SIGNATURE: _____