



STOW MUNICIPAL COURT PUBLIC RECORDS REQUEST

DIANA COLAVECCHIO, CLERK OF COURTS

DATE OF REQUEST: _____

PLEASE STATE THE SPECIFIC DOCUMENT(S) YOU NEED. IF YOU ARE UNSURE, PLEASE CALL THE CLERK'S OFFICE RECORDS DIVISION AT (330) 564-4133. NORMALLY YOU WOULD NEED A COPY OF THE COMPLAINT AND/OR THE DISPOSITION. IF YOU NEED MORE THAN THAT, PLEASE SO INDICATE BELOW. YOU MAY FAX THIS FORM TO OUR OFFICE AT (330) 564-4114.

PLEASE PROVIDE THE DEFENDANT'S NAME, SSN IF POSSIBLE, AND DATE OF ARREST, IF POSSIBLE.

DEFENDANT'S NAME: _____

DATE OF ARREST/CASE NUMBER: _____

SSN: _____

YOUR NAME: _____

PHONE NUMBER: _____

YOUR REQUEST CAN BE FAXED, MAILED OR HELD FOR PICK-UP, AS PER YOUR REQUEST

FOR MAILED REQUESTS PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE AND PAYMENT FROM THE SCHEDULE BELOW. GENERALLY YOUR COPY IS READY IN 24 HOURS BUT PLEASE ALLOW UP TO 48 HOURS IN SOME CASES.

SIGNATURE: _____

CERTIFIED COPIES: (per page)				\$1.00
ALL OTHER COPIES (per page)				\$0.05