

**PUBLIC RECORDS REQUEST OF
SENECA COUNTY CLERK OF COURTS OFFICE
SENECA COUNTY, OHIO**

DATE: _____

Contact information of person making records request. You are not legally required to fill out this form, identify yourself, or give the purpose of your request. It will be used only to serve your request in the most timely manner possible. The Clerk of Courts office will use this information if there is a question concerning the records requested.

NAME: _____ PHONE # _____

ADDRESS: _____

CASE NUMBER: _____ CAPTION _____

RECORD(S) REQUESTED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PAYMENT BY: CASH OR CHECK: MAKE CHECKS PAYABLE TO: SENECA COUNTY CLERK OF COURTS

FOR OFFICE USE ONLY:

RECORDS REQUEST APPROVED OR DENIED: _____ BY: _____

IF REQUEST DENIED, REASON: _____ REQUESTOR NOTIFIED: _____

DATE REQUEST FULFILLED: _____ BY: _____

_____ PAGES AT \$.10 PER PAGE: \$ _____

POSTAGE \$ _____

TOTAL CHARGES: \$ _____