

RECORDS REQUEST

Request Date: _____

Requestor's Information

Company / Individual: _____

Name of Requestor: _____

Address: _____

Phone Number: _____ Fax Number: _____

Records Request

Full Name of Defendant: _____

Date of Birth of Defendant: _____

Case Number(s): _____

****Upon receipt of request and payment, information will be mailed or available for pickup within 3 business days. If not picking up in person, you must include this request, a check or money order and an appropriately sized self-addressed stamped envelope or a \$5.00 mailing fee will be added ****

Information Requested☐ **Complaint / Affidavit / Judgement Entry (\$0.10 per page; \$5 per certified copy)**☐ Not Certified! (\$0.30 per offense) or ☐ Certified copies! (\$5.30 per offense)☐ Mail copies or ☐ Pick-up copies☐ Email copies! (No charge)

Email address: _____

☐ Fax! (No Charge) To fax number listed above.☐ **Complete case record(s). (\$0.10 per page; \$5 per certified copy-clerk will contact regarding amount due)**☐ Not Certified! (\$0.10 per page) or ☐ Certified copies! (\$0.10 + \$5 per page)☐ Mail copies or ☐ Pick-up copies☐ Email copies! (No charge):

Email address: _____

☐ Fax! (No Charge) To fax number listed above.☐ **Other (Specific document request) (\$0.10 per page, \$5 per certified copy)**☐ Not Certified! or ☐ Certified copies!☐ Mail copies or ☐ Pick-up copies☐ Email copies! (No charge):

Email address: _____

☐ Fax! (No Charge) To fax number listed above.☐ **Other (Specific document request) (\$0.10 per page, \$5 per certified copy)**☐ Not Certified! or ☐ Certified copies!☐ Mail copies or ☐ Pick-up copies☐ Email copies! (No charge):

Email address: _____

☐ Fax! (No Charge) To fax number listed above.

You may mail, fax, or email this request to:

Clermont County Municipal Clerk of Court

4430 SR 222, Batavia, Ohio 45103

Attn: Records Clerk

Fax: 513-732-7831

Email: municipalpublicrecordrequest@clermontcountyohio.gov