

REQUEST FOR PUBLIC ACCESS TO OSSINING TOWN COURT RECORDS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby request to inspect the following court records:

Case Name: \_\_\_\_\_

Docket/Index: \_\_\_\_\_

Requested (Please Check)      Copies:       Audio CD:

Copies - .25¢ per page

Disc of digital recordings - \$5.00

Payment can only be accepted as Cash, Credit, or Bank Check – No Refunds

**The Ossining Town Court will respond to all requests within 30 days**

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For Court Use Only

Approved ( )

Denied for:

( ) Confidential

( ) No Record Found

( ) Other: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_