

REQUEST FOR PUBLIC ACCESS TO OSSINING TOWN COURT RECORDS

Name: _____ Date: _____

Date of Birth: _____

Address: _____

Telephone: _____

Signature: _____

I hereby request to inspect the following court records:

Case Name: _____

Docket/Index: _____

Copies: Certificate of Disposition: Audio File/Transcription:

***Audio discs may only be provided to transcription services authorized by the Unified Court System. Please visit <https://www.nycourts.gov/courts/transcripts/> for a full list of transcription services. ***

Copies - .25¢ per page

Certificate of Disposition - \$5.00

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

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

For Court Use Only

Approved: ()

Denied for: ()

Confidential: ()

No Record Found: ()

Other: _____

Signature/Title: _____