

Miami County Municipal Court Courthouse - 215 West Main St., Troy, OH 45373 Phone: (937) 440-3940 Fax: (937) 440-3941	Request Date	Preferred Delivery
	Request Needed By	<input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Fax
Records Request Form		

Part A: Requestor Identification

Last Name	Middle Initial	First Name
Address		Daytime Telephone (include area code)
City	State	Zip Code
Fax/Email (optional)		

Part B: Case Identification

Defendant Name and alias(es), if any	Case/Ticket Number(s)
Defendant Birth Date	Last 4 digits of Defendant's Social Sec. #

Part C: Detailed Description of Request

Please describe records requested as completely as possible. Attach additional pages if necessary.

Part D: Copy Fees

Copy Fees: \$.05 per page \$2.00 per page certified	Fees must be paid in advance <i>**No personal checks accepted**</i>	Are you an attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Judiciary Use Only

Disposition <input type="checkbox"/> Delivered <input type="checkbox"/> Unavailable	If request is unavailable, explain here.
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