

LEBANON MUNICIPAL COURT - PUBLIC RECORDS REQUEST

50 S BROADWAY ST, LEBANON OH, 45036

PHONE: 513-933-7210

FAX:513-228-3903

Date Requested: _____ / _____ / _____

Request Submitted By: **U.S. Mail, Fax, or In Person** (please circle one)

Name of Requester: _____

Street Address: _____

City/State/County/Zip: _____

Telephone: _____ E-mail: _____

Fax: _____

Case Number(s): _____

Records Requested: *Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary*

Are Certified Copies Requested? (please circle one) **Yes – No**

Certified Copies Can Only be picked up in-person or sent via US Mail

Requested Method of Delivery: (please circle one and provide delivery information)

Mail: _____

Fax: _____

Email: _____

Records requests are completed in the order we receive them. Please allow us time to process your request.

Signature: _____