

**Middlesex Town Court
P.O. Box 147
1216 Rte 245
Middlesex, NY 14507**

Court Document Information Request

Name(s) of party and/or Docket number(s) of case you are seeking information
from: _____

Date(s) (if known) of case(s) in question: _____

Your name, address and telephone number:

_____ Telephone _____

Description of information you are requesting (i.e.- charges, disposition, judgment
in civil matter)

Date: _____

Signature of Applicant