



OFFICE OF THE WESTCHESTER COUNTY CLERK  
Thomas M. Roach

**Filing Department Requisition Form**

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

**THIS FORM MUST BE FILLED OUT COMPLETELY**  
*(PLEASE PRINT)*

**NOTICE**

**ORIGINAL PAPERS MAY NOT BE REMOVED FROM THIS OFFICE AND  
MUST BE RETURNED TO THE CLERK AT THE REQUISITIONS COUNTER.  
THE PENAL LAW PROVIDES A PENALTY OF IMPRISONMENT OR FINE  
FOR THE UNLAWFUL REMOVAL OR ALTERATION OF A PUBLIC RECORD  
(CPL § 175.20 AND § 175.25)**

**COURT RECORDS**

*(ID or Notarized Releases Required for SEALED FILES)*

**INDEX/FILE #:** \_\_\_\_\_

**CASE OR DOCUMENT TITLE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILE DATE (If Applicable):** \_\_\_\_\_

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**IMAGES ARE AVAILABLE ON PUBLIC AREA COMPUTERS  
FOR COURT FILES FROM 2002 THROUGH PRESENT  
PLEASE ASK FOR ASSISTANCE**

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**Your Name:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

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