Chris Jacobs
Erie County Clerk

Secure File Record Request

Name (include maiden name):_____

Address:_____

Date of Case:_____

Index/File number:_____

Attorney of Record:_____

Relationship to File (circle) Party Attorney Representing Party

Estate (explain):_____

Other (explain):_____

_____
Signature

State of _____}
:ss.
County of _____}

On the _____day of _____, in the year_____, before me, the undersigned, personally appeared_____, personally known to me or proved to me on the basis satisfactory evidence to be the individuals(s) whose name is (are) subscribed to the within instrument and acknowledge to me that that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public

Please send appropriate fee in a self addressed, stamped envelope to

92 Franklin St., Buffalo, NY 14202