

The Canton Municipal Court

Media Request

_____ of _____
Name Media
hereby requests permission to _____
Broadcast/Record/Photograph/Telecast
proceedings in the case of _____ vs. _____
on the _____ day of _____, 202__ in the Canton Municipal Court.

I certify that I am familiar with the provisions and limitations of the Rule 1.22 of Local Practice for the Canton Municipal Court.

Media Representative

Media Phone Number

Request Received by Court:
Time: _____
Date: _____
By: _____

Request approved by:

Authorized Court Signature

Title

**E-Mail Request to michael.kochera@cantonohio.gov
or FAX to 330.471.8860**