

# REQUEST FOR RECORDINGS

## Duplication Fees

USB Thumb Drive (AUDIO & VIDEO)      \$12.00 each USB +\$1.00 if mailed

I request the recorded proceedings of the below-entitled case.

(Please allow ten working days for record.)

\_\_\_\_\_  
Name of Defendant/Plaintiff

\_\_\_\_\_  
District Court Case No.

\_\_\_\_\_  
Date of Hearing

\_\_\_\_\_  
Room No. of Hearing

Record to be:      Picked up by Requestor            Mailed to Requestor

MAIL TO THE FOLLOWING ADDRESS (additional \$1.00 for mailing):

Requestor name – PLEASE PRINT

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

*Penalty for NSF Checks - \$35.00*