

REQUEST FOR RECORDINGS

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

DUPLICATION FEES

Duplication of CD \$10.00 each CD
+ \$1.00 if mailed

USB Thumb Drive \$12 each USB
+ \$1.00 if mailed

NSF Checks \$35.00