

REQUEST FOR COPY OF AUDIO RECORD

Request made by: _____ Date: _____

Phone: _____ Email address: _____

Case Name/Number: _____

Date/Time of Hearing: _____

A **Payment of \$15.00** must be paid for each copy. Emailed: _____ Pick up CD: _____

Payment must be made in advance. Your request will be forwarded to the appropriate clerk. You will be contacted when the recording is complete. Requests may take up to 10 days to complete. Copies will be held for 60 days before being destroyed. All hearings under 30 minutes will be emailed to the above address.

Address: _____

Include the address if the CD is to be mailed. (\$15 per CD + \$3.65 for postage)