

PEND OREILLE COUNTY DISTRICT COURT

STATE OF WASHINGTON

Copy/Records Request

Your Name(Please print)_____

Agency Or Company:_____

Address:_____

City:_____State:_____Zip:_____

Home phone:_____Cell:_____

Fax:_____Email:_____

Information Requested:

DEFENDANT NAME_____ **CASE #**_____

HEARING

DATE(S)_____

_____ **CD Recording**

_____ **Copies of filed documents**

I hereby request a copy of the above record. I understand payment for such records must be made at the time of my request at the rate of \$10.00 per CD (add \$3.50 for mailing costs) and \$.50 per page for photocopies or \$.25 per page for Electronic copies (email).

I further understand such records will be available within two weeks of my payment. I may be contacted at _____ when the records are available.

Date Request Received

Signature of Requesting Party

Date completed/notified requestor _____ Clerk _____

Signature of requestor upon receiving copies as requested

Date Received