

PEND OREILLE COUNTY DISTRICT COURT

COPY RECORDS REQUEST

YOUR NAME (Please Print): _____

AGENCY OR COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE _____

FAX: _____ EMAIL ADDRESS _____

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 \$.25 per page for photocopies. I understand such records will be available within two weeks of my payment. I will be contacted at the above number/address when the records are available.

Signature of Requesting Party

Date

Date received _____ Clerk _____

Date completed/notified requestor _____ Clerk _____

Signature of requestor upon receiving copies as requested

Date Received