

CIRCUIT COURT FOR KLAMATH COUNTY

316 Main St.

Klamath Falls, OR 97601

541-883-5503

Audio Record Request

I, _____, request that certain Court proceedings held on the record, be duplicated for me.

Judge _____

Date (or dates) _____
(Please be specific)

Case Name _____

Case Number _____

I have been made aware that the cost of duplicating is \$10.00 per CD and I am prepared to pay the cost prior to receiving the certified duplicate copy. A PC with soundcard is required to play the CD.

Date _____ Signature _____

Address: _____

City, State, Zip: _____

& Phone: _____

PLEASE NOTE: You must provide the Court with a current address and phone number in order to notify you promptly when this request has been completed. This request could take up to ten days to be processed.

FOR OFFICE USE ONLY:

Amount paid: _____ Receipt number: _____

Date request received _____ Completed _____

By: _____

- **Note: Prior to 2000 duplication will be from audiocassette to audiocassette.**

Received by _____ Date _____