

CIRCUIT COURT FOR KLAMATH COUNTY

Audio Records Request Form

Return form to:

Email – kla.records@ojd.state.or.us

Mail – 316 Main St, Klamath Falls OR 97601

Or Fax – 541-882-6109

Name of Requesting Party: _____

Mailing Address: _____

Phone: _____ Email: _____

Please select a delivery option:

_____ Disc containing audio files, please call me at the number above when it is ready (\$10)

_____ Disc containing audio files, please mail to the address above (\$10)

_____ Please email the audio files to the email address above (\$9)

PLEASE NOTE: If you wish to pay by phone, please include a phone number for our clerks to contact you. If you wish to receive a disc by mail, a mailing address must be provided (standard first-class postage is included).

Emailed audio files will be transmitted via the Oregon Judicial Department's secure FTP website. A PC with a soundcard is required to play the audio files.

Signature: _____ Date: _____

Case Information:

Case Number(s): _____ Judge: _____

Case Party Name(s): _____

Date(s) of hearing(s): _____

FOR COURT STAFF USE ONLY

Date Paid: _____

Received by: _____

Date Completed: _____

Date Emailed/Mailed/Called: _____

Received Stamp Here