

THIS SECTION TO BE COMPLETED BY THE PERSON MAKING THE REQUEST

After payment, five (5) working days required for completing request.

TODAY'S DATE: _____

PERSON MAKING REQUEST: _____

CONTACT PHONE NUMBER: _____

CASE NAME: _____

CASE NUMBER(s): _____

DATE(s) COURT PROCEEDING WAS HELD: _____

TYPE OF PROCEEDING: _____

TYPE OF MEDIA REQUESTED: **CD** **TAPE**

COPIES TO BE ¨ Picked up at Jury Window on the 1st floor of the Justice Building.
 ¨ Mailed (only for people that do not live in Jackson County) to:

THIS SECTION TO BE USED BY THE PERSON THAT WILL PROCESS THE REQUEST

Request Taken By: _____ Due From: _____

Recorder: _____ Judge: _____ Courtroom #: _____

Fill out this section *prior* to making copies.

# of CD's or Tapes to be copied	Cost of CD's or Tapes (\$10 ec)	Cost for copies of log (.25 per page)	Cost of Faxing if applicable	Cost of Postage if applicable	Total Cost Due	Date Notified of Amount Due	Initials

To be completed by Accounting.

Clerks to complete this section after copies are made.

Amount Due	Date Paid	Receipt #	Date Completed	Completed by:

Date of Notification:		In Person	Picked up by:	
Initials:		Left Message	Date:	