CIRCUIT COURT FOR LAKE COUNTY

Audio Records Request Form

Return form to:

Email – <u>LAK.CopyRequest@ojd.state.or.us</u> Mail – 513 Center Street, Lakeview OR 97630 Or Fax – 541-947-3724

Name of Requesting Party:	
Disc containing audio files, please Please email the audio files to the PLEASE NOTE: If you wish to pay by phone, p If you wish to receive a disc by mail, a mailing a included).	e email address above (\$9) please include a phone number for our clerks to contact you. address must be provided (standard first-class postage is Dregon Judicial Department's secure FTP website.
Signature:	Date:
Case Number(s):	Judge:
Case Party Name(s):	
Date(s) of hearing(s):	
FOR COURT STAFF USE ONLY Date Paid: Receipted by: Date Completed: Date Emailed/Mailed/Called:	Received Stamp Here