

OKANOGAN COUNTY SUPERIOR COURT
Request for CD audio recording of a court hearing

PLEASE SELECT YOUR CD FORMAT:

WMA (for personal use)

FTR (if being transcribed)

Your name, address & phone number:

REQUEST

Case name: _____

Cast number: _____

Date of hearing(s):

Judge and Courtroom: _____

Today's date

Signature

(for office use)

_____ Paid (check) (cash) (credit)

_____ Mail by: _____

_____ Will pick up on: _____

_____ Initial