

Okanogan County Superior Court
Request for CD-Audio Recording of Court Hearing

Your Name, Address and Phone: _____

REQUEST:

Case Name: _____

Case Number: _____

Date(s) of Hearing(s): _____

If known:

Judge and Courtroom: _____

Today's Date

Signature

(Office Use)

_____ Paid (check) (cash) (receipt)
_____ Mail by: _____
_____ Will pick up CD on: _____
_____ Initial