

**FERRY COUNTY DISTRICT COURT**  
**COPY RECORDS REQUEST**

Your Name (please Print)\_\_\_\_\_

Agency or Company\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Email address\_\_\_\_\_

**INFORMATION REQUESTED**

Defendant Name\_\_\_\_\_ Case#\_\_\_\_\_

Hearing Date(s)\_\_\_\_\_

\_\_\_\_\_ CD recording

\_\_\_\_\_ Copies of filed documents

I hereby request a copy of the above record. I understand payment for such records must be made at the time of request at the rate of \$20.00 per CD and \$.50 per page for photocopies. I understand that such records will be available within two weeks of my payment. I will be contacted at the above number/ address when the records are available.

Signature of Requesting Party\_\_\_\_\_ Date\_\_\_\_\_

Date received\_\_\_\_\_ Clerk\_\_\_\_\_

Date completed / notified requestor\_\_\_\_\_ Clerk\_\_\_\_\_

\_\_\_\_\_  
Signature of requestor upon receiving copies as requested Date Received