LEWIS COUNTY CLERK'S OFFICE
REQUEST FOR COPY OF VIDEO OR AUDIO RECORDING OF COURT PROCEEDING

Name: _____ Address: _____ Phone: ( )

House/Apt # Street/Road City State Zip

Information Requested:

Cause Number _____ **Case Title:** _____

Date(s) of Hearing(s): _____

Reason(s) for Request:

_____

_____

I certify that I am ☐ a party ☐ an attorney ☐ Guardian Ad Litem or ☐ other interested person in the above described court proceeding(s); that I am eligible under the laws of the State of Washington to receive a copy of the video or audio record of the above proceeding(s); and I acknowledge that if the above proceedings are confidential, the confidentiality will be maintained under the laws of the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____

Signature Date

CLERK'S ACTION

Date	Action Taken	Employee Name

Amount Paid $ _____