



DAVIS COUNTY JUSTICE COURT

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John C. Ynchausti
JUDGE

Request for Copy of Recording of Court Proceeding

Date of request: _____

Case Number: _____

Case Name: _____

Judge/Commissioner: _____

Hearing Date(s): _____ Hearing length: _____

Person requesting copy of recording (name & address)

Phone number: _____

() Check if copy is to be mailed to above address. (\$2)

() Check if copy will be picked up by requestor.

All copies must be paid for at the time of request.

Copy fee \$ _____ (\$10 per disk)

Research fee \$ _____ (\$15 per disk)

Mailing cost \$ _____ (\$2 per disk)

TOTAL \$ _____

NOTE: Copies will be ready for pickup within ten (10) business days from the date of this request. Copies must be picked up within thirty (30) days or copies will no longer be available. Payments will NOT be refunded nor transferred to another request

COURT USE ONLY: Attached () minute entry () receipt

Date Copied: _____ Date called/mailed _____ () note in F4