



IN THE CIRCUIT COURT OF LAFAYETTE COUNTY, MISSOURI

Division _____	Date of Request: _____
Circuit/No. _____	Amount of Deposit Collected: \$ _____
To: Deana Aversman Lafayette County Circuit Clerk P. O. Box 10 Lexington, MO 64067	(Date File Stamp) _____ Requesting Party Information: Name: _____ Address: _____ _____ Telephone Number (area code _____) _____
Complete Style of Case: _____ Case No.: _____	

Sound Recording Duplication Request for Electronic Recording Only

Note: A \$25.00 fee is required to be submitted with this request.

Dates of Proceedings being requested: _____ _____ _____ _____ _____ _____	<p>NOTICE:</p> <p><i>Requests received will be processed and returned within 5 – 10 business days.</i></p>
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For Clerk's Office Use Only

Request processed on the _____ day of _____, _____ by _____.

Deposit paid in the amount of \$_____. Time required to process request _____ hrs.