

Superior Court of Washington, County of Wahkiakum

Plaintiff/Petitioner
vs.

Defendant/Respondent

CAUSE NO.: _____

**REQUEST FOR DUPLICATION
OF PROCEEDINGS (RQ)**

It is hereby requested that a duplication of the digitally recorded proceedings in the above-entitled case be made at a cost of \$25.00 per court recording.

Requested by:

Print Name: _____

Email: _____

Phone No: _____

Delivery Method: [] Pick-up [] Mail - *An additional \$5.00 postage fee applies for mailing*

Mailing Address: _____

Hearing Date(s) Requested: _____

Payment must accompany this form. Please make checks payable to: Wahkiakum County Clerk.
Allow 5 business days from date of request. Payment can also be made online to the [Clerk's Office](#)
Please email payment confirmation and request to superiorcourt@co.wahkiakum.wa.us
If the Audio Recording is not picked up within 30 days, it will be recycled.

DATED: _____

By: _____

Print Name

**This audio can only be played on a computer.

Date Duplicated: _____
Recording Duplicated by: _____
Payment Rcvd By: _____
Amount Received: \$ _____

WAHKIAKUM COUNTY SUPERIOR COURT

MAIL: P.O. Box 157

LOCATION: 64 Main St, Cathlamet, WA 98612

(360) 795-3558