

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: _____

Mailing Address: _____

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Delivery Method: [] Mail [] Pick-up

Email: _____

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 60 days, it will be recycled.

DATED: _____

By: _____

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

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Payment Rcvd By: _____
Amount Received: \$ _____

WAHIAKUM COUNTY SUPERIOR COURT
MAIL: P.O. Box 157
LOCATION: 64 Main St, Cathlamet, WA 98612
(360) 795-3558