



PUEBLO OF LAGUNA COURT

P.O. Box 194 Laguna, New Mexico 87026

Tel. (505) 552-1900

Email: clerks@pol-nsn.gov

AUDIO & DOCUMENT REQUEST FORM

CASE NO: _____

Petitioner

Vs.

Respondent

1. Date of Hearing: _____

2. ☐ Audio or,

☐ Document

Describe: _____

3. Reason for request:

Reminder: This form is to be used by parties or attorneys to the case ONLY. If not a party, a motion must be filed.

**NOTE: IF ITEMS ARE NOT PICKED UP WITHIN TWO
WEEKS OF COMPLETION, THEY WILL BE DISCARDED.**

COURT USE ONLY:

Completed By: _____

Date Complete: _____

Signature

Print Name

Mailing Address

Contact Number

RETURN OF SERVICE (court use ONLY)

I _____ hereby certify that on _____ at _____ (am/pm) I served the following:

☐ Documents

☐ Audio

to the person whose signature is affixed below.

SIGNATURE (person served): _____ Date: _____

PRINT NAME: _____