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:

   _____

   _____

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: _____