RENO JUSTICE COURT

RECORD RETRIEVAL REQUEST FORM

DATE:_____

NAME:_____

COMPANY:_____

ADDRESS:_____

PHONE
NUMBER:_____

TYPE OF RECORD:_____

CASE NUMBER(S):_____

NAME OF PLAINTIFF/DEFENDANT:_____

NOTES:_____
_____
_____
_____
_____
_____
_____
_____

DATE REQUEST E-MAILED TO RECORD RETENTION:

_____
_____
_____
_____
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