



KALISPEL
TRIBAL
COURT

Records Request

Your Name(Please print)_____

Agency Or Company:_____

Address:_____

City:_____ State:_____ Zip:_____

Home phone:_____ Cell:_____

Fax:_____ Email:_____

Information Requested:

LITIGANTS NAME_____ CASE #_____

HEARING

DATE(S)_____

_____Audio Recording

_____Copies of filed documents:

List Specific Documents: _____

I hereby request a copy of the above record. I understand payment for such records must be made at the time of my request at the rate of \$10.00 per audio recording (add \$3.50 for mailing costs) and \$.50 per page for photocopies. There is no charge for electronic copies of documents sent via email.

I further understand such records will be available within two weeks of my payment. I may be contacted at _____ when the records are available.

Date of Request

Signature of Requesting Party

Date Request Completed

Signature of Court Staff

Completed forms can be emailed to courtclerk@kalispeltribe.com, mailed to PO Box 96 Usk WA 99180, or delivered to 22 Camas Flat Rd Cusick WA 99119.

Records Request 07/2023