

CHIPPEWA COUNTY CLERK
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COURT RECORD REQUEST FORM

(Please check one of the following and indicate the number requesting)

Type of Document: _____ **Number of pages requesting** _____

Civil File Document: _____

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Regular Copy: _____ Certified Copy: _____

File Number: _____

Name/Names on file _____

Relationship to the person named on record:

Party to Case _____ Other _____

FEES: \$1.00 PER PAGE FOR REGULAR COPIES AND \$10.00 FOR THE FIRST PAGE AND \$1.00 FOR EACH ADDITIONAL PAGE FOR A CERTIFIED COPY.

Please Print (ALL FIELDS MUST BE COMPLETE)

Type of Record requested: _____

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