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| STATE OF COLORADO | | | | | | | | | **RECEIVED**  OFFICE OF  ADMINISTRATIVE COURTS | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | |
| 1525 Sherman Street, Denver, CO 80203 | | | | | | | | |
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| **AUDIO RECORDING REQUEST** | | | | | | | | | | | | |
| **Hearing Details:** | | | | | | | | | | | | |
| I am requesting a copy of a the | | |  | | For the following hearing dates: | | | | | | | |
|  | | **Date(s) of Hearing(s)** | | **Hearing Location** | | **Start Time** | | | | **End Time** |  | |
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| **Transcriptionist:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts does not constitute filing an appeal of this case. I further acknowledge that if filing an appeal, additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved. | | | | | | | | | | | | |
|  | | | | | | |  |  | | | |  |
| Signature | | | | | | |  | Attorney Registration Number | | | |  |
| E-mail: |  | | | | | |  | | | | | |