
Date

Court of Appeal
Second Floor, North Tower
300 South Spring Street
Los Angeles, CA 90013

RE: Record Request

Case Name: _____

Case Number: _____

Dear Sir/Madam:

Please find enclosed a check made payable to Clerk/Court of Appeal for Forty Dollars (\$40.00) as payment for the record retrieval fee for the above-mentioned case.

I understand that once the above-mentioned case is available, I will be contacted by the Court at the number listed below. I further understand that I have 30 days to personally review/copy/scan the requested record at the Court of Appeal or I may send a copy service to review/copy/scan the requested record at the Court of Appeal. I am also aware that there is an additional fee of \$40.00 for the Court of Appeal to hold the record on site for additional time

Thank you for your assistance. Please do not hesitate to contact the undersigned if you have any questions.

Best regards,

(Print Name)

Signature

Telephone Number