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**REQUEST FOR
TRANSCRIPT**
(Shaded boxes will be completed by
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Customer Name (print) UTTL, JAN	Phone 573337950	Order Number	
Counsel Name (print)	Fax		
Counsel for (print)	Alternate Phone	E-mail januttl@gmail.com	
Address (include Law Firm Name if applicable)		<input type="checkbox"/> Initiating/Commencement/Amended Documents Attached ORDERS WILL ONLY BE PROCESSED: 1. UPON RECEIPT OF A COMPLETED AND SIGNED REQUEST FOR TRANSCRIPT FORM and 2. WHEN ALL APPROPRIATE DOCUMENTS ARE RECEIVED	
Docket Number/Action Number 1401-05866 1401-05860	Courtroom Number 1502	Court Location CALGARY	Justice/Judge HORNER
Plaintiff/Applicant (Surname, First Name, Middle) BIONE UTTL, NULHOUK		Defendant/Respondent/Accused (Surname, First Name, Middle) PERSONNET	
		Accused Date of Birth (if applicable):	

SPECIAL INSTRUCTION (Speak to Transcript Management Office) 3 SEPARATE ACTIONS WHOLE DAY BEFORE HORNER	DATES TO BE TRANSCRIBED (List all Dates) 2016-10-26	Counsel who appeared on the dates being transcribed: BODDY 2:03-2:42	(39)
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<input type="checkbox"/> 30 Calendar Days	\$0.0040/character		<input type="checkbox"/> Summary Conviction Appeal (original + 2 copies required) <input type="checkbox"/> Trial <input type="checkbox"/> Preliminary Inquiry <input type="checkbox"/> Hearing <input type="checkbox"/> Other (please specify)
<input type="checkbox"/> 10 Working Days	\$0.0052/character		
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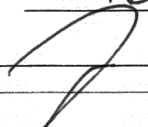
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PAID
OCT 26 2016

Customer Authorization to Proceed with Order:

Name (print): **JAN UTTL**

Date (dd/mm/yyyy): **2016-10-26**

Signature: 

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