Records Management Unit

P.O. Box 3950 Las Vegas, NV 89127 Phone: 702-229-2235

Last Revised: 10/13/22

Fax: 702-646-5057 LVMCRecords@lasvegasnevada.gov

Request for Transcript

Defendant Name:			
Cases:			
- Charges:			
- Dept. / Judge:			
City Attorney:			
Defense Attorney:			
Date(s) Requested:			
Date Transcript Needed by:			
-			
		APPEAL	An Original + 3 Copies
		NON-APPEAL	An Original + 1 Copy
		NON-APPEAL	An Original + 2 Copy
Address:			
City/State/Zip:			
Phone No.:			-mail:
Contact:			
The Transcr			d by an outside agency. of the charges and the payment process.
IE VOLL HAVE ANY OUT	TIONS P	LEASE CALL /702\ 224	9-2235 OR E-MAIL LVMCRecords@lasvgasnevada.gov

	FOR OFFICE USE ONLY
Request Received:	
Request Received by:	
Request Completed by:	
Requestor Notified:	Time: