COLORADO DEPARTMENT OF REVENUE
HEARINGS DIVISION
1881 PIERCE STREET, SUITE 106
LAKEWOOD, CO 80214

TRANSCRIPT OR CD REQUEST

Name of Respondent	Date of Birth

D.O.R.- Hearings Case Number	Appeal to be Filed? (Please Circle One) Yes No

Date of Hearing	Location of Hearing

Individual and/or Attorney's Office making request

Name

Address

City, State, ZIP Phone #

Email:

TRANSCRIPT REQUEST

Authorized Transcribers:

☐ A/V TRANZ, Inc. (303) 634-2295 ☐ Sue Helgoth, C.R.I. (303) 702-9788

☐ Dawn Leick Kemp (303) 532-7856 ☐ Federal Reporting Service, Inc (303) 751-2777
Aapex Legal Services, LLC .

☐ Other Transcriber selected by requester* Name_____

My signature below signifies my understanding of the following: I am responsible for all costs associated with the preparation of the transcript as required by the transcriber selected. The estimated preparation time is four weeks. Departmental Certification will be provided only for hearings under **APPEAL**.
NOTE: If the case is to be appealed, a transcript MUST be requested.

Signature	Date

* Any transcription service selected by the requester must meet the standards that have been established by the state. For further information, call (303) 205-5606.

MP3 CD REQUEST

Please prepare a duplicate of the recording of the hearing noted above. I have provided two blank CD-R's (not CD-RW's) to the Department for the purpose of preparing the copy, and will pick up the copy when notified that it is available. I will provide a mailer, postage pre-paid, if I need to have the copy mailed to me, and understand that preparation of the duplicate may take from one to three weeks.
I understand that an MP3 recording is not adequate for an appeal, and that if my case is under appeal, I must request a certified transcript from the Department of Revenue.

Signature	Date