Federal Court of Appeal



Cour d'appel fédérale

REQUESTER INFORMATION					
Please check the appropriate box:					
☐ Party/Solicitor of Record					
☐ Member of the public					
☐ Member of media					
☐ Representative of the tribunal whose decision is under appeal/review					
Surname: Given name:				Title:	
Organization (if applicable):					
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City:	Province:	Address: F THE REQUEST			
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NATURE OF THE REQUEST					
(please check the appropriate box)					
☐ Request to listen to an audio recording			Request for a copy of an audio recording		
		(Court order required for members of the			
public and members of media)					
CASE INFORMATION Court File Number:					
Case Name:					
Date(s) of Hearing:					
INFORMATION ON REQUEST FOR COPY OF DIGITAL RECORDING					
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☐ Preparation of transcripts					
☐ Client information					
☐ Media (non-broadcast) – note verification / research tool / similar use					
☐ Media (broadcast) – Please specify if you wish to broadcast the recording in whole or in part and					
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