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DOCUMENT RETRIEVAL
FAX ORDER FORM

YOUR INFORMATION

Date: _____
Person Ordering Service: _____
Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Method of Payment: _____ Credit Card _____ Check Number _____
Credit card #: _____ Exp: _____
Name on Card: _____

CASE INFORMATION

____ **RUSH** (24 hr. Extra Fee) ____ **STANDARD**

Case Number: _____ Your Ref # (if any): _____
Case Name: _____
Court Name: _____
Case type: Federal __ State __ Civil __ Criminal __ Other: _____
Request Type: ____ RUSH(Extra Fee) ____ Standard
Document needed to be: ____ Certified Copy (Extra) ____ Regular Copy
Documents Requested: (please provide document date, title or number if any)

Special Instructions:

