

ARCHER REPORTING SERVICES
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TRANSCRIPT REQUEST FORM

EXAMINATION LOCATIONS	TO SUBMIT FORM: Please fax or email this form or call to schedule.
LOCATIONS: <input type="checkbox"/> Bancroft <input type="checkbox"/> Lindsay <input type="checkbox"/> Barrie <input type="checkbox"/> Napanee <input type="checkbox"/> Belleville <input type="checkbox"/> Oshawa <input type="checkbox"/> Bracebridge <input type="checkbox"/> Pembroke <input type="checkbox"/> Brockville <input type="checkbox"/> Perth <input type="checkbox"/> Cobourg <input type="checkbox"/> Petawawa <input type="checkbox"/> Cornwall <input type="checkbox"/> Peterborough <input type="checkbox"/> Huntsville <input type="checkbox"/> Picton <input type="checkbox"/> Kingston <input type="checkbox"/> Renfrew <input type="checkbox"/> Lindsay <input type="checkbox"/> Smiths Falls	Fax: 613-475-4708 Phone: 613-475-4708 Toll Free: 1-866-488-3588 By Email: info@archercourtreporting.ca
<p>** Kindly fax the <i>Notice of Examination</i> in the matter as well to provide us with additional information.</p>	

PLEASE COMPLETE TO ORDER A TRANSCRIPT:

Firm Name	
Counsel's Name or (Ordering Party)	
Phone Number	
Type OF PROCEEDING	
Case Name/Style	
Date	
Location	
Portion Required	
Date Transcript Requested For	
Special Requests	

I undertake to pay Archer Reporting Services transcript fees as prescribed for this order. In the event I desire to cancel this order, I will do so by written communication to Archer Reporting Services and undertake to pay the fee for the work done up to date of receipt of written communication.

Thank-you for scheduling with Archer Reporting Services. We appreciate your business.