

## Request for sound recording or transcript FOR CONSUMER AND COMMERCIAL DIVISION PROCEEDINGS

Send or lodge your completed form with a money order/cheque to your local NCAT Consumer and Commercial Division Registry.

Hearing details					
NCAT File Number:					
Parties' names:					
Please complete hearing details for sound recording/transcript					
Date of hearing:	Hearing venue:		Time and	duration of hearing:	
Request type					
What are you requesting:	ording (turnaround ap	rnaround approx. 10 working days)			
	Transcript (turnaround approx 3 weeks)				
Preferred method of delivery:	☐ Post				
Costs: Sound recording (80 mins per CD)	\$24.00 per CD				
Transcript	\$300.00 per hearing hour (\$2000 initial deposit must be paid)				
Details of person making the request (your details)					
Full name:					
Address:			T		
	Postcode				
Who are you:	Applicant Respondent Other				
Email address:					
Contact number:	(H):	(W): (Mob):			
☐ I understand that I will be liable for any balance owing prior to the delivery of the sound recording and/ or the transcript.					
Name	Signature		Date		
Office use only:					
Office use only:  Date received:		Tribunal Member:			
Date received.  Date processed:		Counter reading start/finish time:			
Deposit paid: Receipt no:		Counter reading ste			
Total cost:					
Less deposit:					
Balance / refund owing:					
Date returned:		Registry Officer:			