

KENNEDY REPORTING SERVICE, INC.

555 Round Rock Drive West, Bldg. E. Suite 202

Round Rock, TX 78681

Phone: 512-474-2233

order@kennedyreporting.com

HEARING ORDER FORM

Date Ordered _____

Name: _____ Company: _____

Address: _____

City, State, Zip _____

Phone Number: _____ Fax Number: _____

Representing: _____

Proceedings: _____ / _____ / _____
Docket Number Case Title Date

If **OPEN MEETING ORDER**, please list Item Numbers and Docket Numbers Below:

Format requested:

_____ Full-Sized Transcript (bound and delivered)

_____ Condensed Transcript (bound and delivered)

_____ Electronic Transcript _____ PDF _____ .ptx

Email Address: _____

(Electronic includes ability to print full size, condensed,
and word index)

Check Delivery Time Desired (from date of the proceeding):

_____ Daily (next day)

_____ Expedited 4 days

_____ Expedited 2 days

_____ Intermediate (1 week)

_____ Expedited 3 days

_____ Regular (2 week)

SIGNATURE REQUIRED TO PROCESS ORDER _____

(PERSON SIGNING IS RESPONSIBLE FOR PAYMENT)

Delivery address, if different from above, and/or Federal Express Account Number:

To charge a credit card - show credit card billing address if different than above

Name (**EXACTLY** as it appears on the card) _____

Type _____ Card Number _____ Expiration Date _____ CVV # _____

KRS Office Use Only:

Delivery Date: _____	Job Number: _____
Delivery Method: _____	Total Pages: _____
Order Prepared by: _____	Billing Rate: _____