



Superior Court of California, County of Lassen

Request/Notification for Courtroom Audio/Visual Presentation Equipment

| | |
|--|---|
| Attorney/Agency name: Requestors name: Telephone number: Cell number: Email: | Date(s) required: Start Time: End Time: |
| Alternate Contact: Alternate Telephone Number: | Case number: Case name: |

| | |
|------------|-------------------|
| Courtroom: | Judicial Officer: |
|------------|-------------------|

Type of equipment requested:

Nomad Multimedia Unit w/Large Screen

Function Needed:

Overhead Projector Other _____

VCR/VHS Player Other _____

DVD Player

CD Player

Telephonic Polycom Unit

Large Mobile Easel

Notes: _____

How many power hookups will be required for equipment brought in:

Describe any additional equipment not on the list above:

Internal use only

Received by _____ Date of Testing _____ Testing completed by _____
Date & Time _____ Location _____