

# ERRATA SHEET

**INSTRUCTIONS:** Please use the form below to detail requested changes, additions, or deletions. You must provide your name and contact email address and phone number when submitting this request.

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Requesting Party Name:

Company:

Date of Request:

VOLUME	PAGE	LINE	TRANSCRIPT SHOWS	CHANGE TO	AUDIT RESULTS (eScribers only use)

I certify that I have been authorized to request a review of this transcript and understand that eScribers reserves the right to refuse to make any change that is not proven to be an error to the transcript by comparing the written transcript to the audio recording of the proceeding.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_