

**Appleby & Co., Inc.**  
**Record Request Form**



**APPLEBY & CO.**  
INC

Order Date: \_\_\_\_\_ **RUSH:**  Date Needed: \_\_\_\_\_ Authorization  or Subpoena

Please deliver these records by:  Paper Copy  CD  Appleby & Co's website

Firm: _____	Billing Information (if different): _____
Address: _____	Insurance: _____
City, St, Zip: _____	Adjuster: _____
Phone: _____	E-mail: _____
Attorney: _____	Address: _____
Assistant: _____	City, St, Zip: _____
E-mail: _____	Phone: _____
Representing <input type="checkbox"/> Plaintiff/Claimant <input type="checkbox"/> Defendant	Insured: _____
Loss Date: _____	Claim No: _____

**Case Title:** \_\_\_\_\_

Municipal Court  Superior Court  WCAB County/District: \_\_\_\_\_

Case Number: \_\_\_\_\_  WCAB Number Unassigned (Application required)

**Records Re:** \_\_\_\_\_ **AKA:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. No: \_\_\_\_\_

**Type of Records:**  Bills  Medical  Employment  Insurance  Other: \_\_\_\_\_  
 X-Rays -or-  Subpoena x-rays, but do not copy until further notice

Name/Entity	Address	Phone #
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**Opposing Counsel:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Attorney: \_\_\_\_\_

Representing: \_\_\_\_\_

**Other Parties:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Attorney: \_\_\_\_\_

Representing: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

2828 North Wishon Avenue ~ Fresno, California 93704 ~ 559.222.8402 ~ Fax 559.222.5043

**Other Offices:** Bakersfield, Sacramento & Santa Ana

**Toll Free ~ All Locations:** 888.544.2600 ~ **Toll Free Fax:** 866.284.5929

**[www.applebyco.com](http://www.applebyco.com)**

**[orders@applebyco.com](mailto:orders@applebyco.com)**