Department of Consumer Affairs
42 Broadway, 9th Floor, New York, NY 10004

Freedom of Information Request Form

1. Please give me information about this business/individual:

Name of the Business/Individual:_____

Kind of Business: (For example, home improvement contractor and/or salesperson; process server; electronics store; used car dealer; tow truck company; parking lot; sidewalk café; etc.)

_____

Business Address: _____

Borough/State/Zip Code: _____

License Number (if you know it): _____

2. I am requesting copies of these documents/records:

(For example, license application; complaint history and/or resolutions; violations; insurance; bond; etc.)

_____

_____

_____

There is a charge of $.25 per page or the actual costs of reproduction, payable in advance for extensive copying.

3. My Return Address:

Name: _____

Company Name: _____

Street Address (please include) **:** _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Signature: _____ **Date:** _____

E-Mail Address: _____

Freedom of Information Desk
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