



ADM-73: Supplemental Records Request Form

Application must be typewritten or printed clearly

Buildings

1	Location Information <i>(Required field for all applications.)</i>	DATE:
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House No(s)	Street Name		
Borough	Block	Lot	BIN
Request For	<input type="checkbox"/> Folder	<input type="checkbox"/> Microfilm	
Job #'s requested: (5 job folders per form)	(1)	(3)	(5)
	(2)	(4)	

2	Filing Representatives <i>(Non-Filing Representatives skip to sections 6, 7 and 8.)</i>
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Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Mobile Telephone	
City	State	Zip Code
Government ID #	Type	Department ID #
Home Address	Email	
City	State	Zip Code

3	Filing Representative's Statement and Signatures <i>(Required field for all Filing Representatives.)</i> ***NOTARY REQUIRED**
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Falsification of any statement is a crime punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

Name (please print)	
Signature	Date
Sworn to before me this ____ day of _____, 20__	

4	Property Owner Information <i>(Required field for all Filing Representatives. All information is required.)</i>
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Last Name	First Name	
Business Name	Business Telephone	
Business Address	Email	
City	State	Zip Code

5	Statement and Signatures <i>(Required field for all Filing Representatives - to be completed by party designated at the checkbox below)</i>
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- Owner** - Please be advised that I, _____, am the owner of _____ and I hereby authorize the above mentioned individual to view Department of Buildings records pertaining to the above requested record(s).
- Property Management** - Please be advised that I, _____, am the managing agent for _____ and am authorized by _____, the owner, to give permission to the above mentioned individual to view Department of Buildings records pertaining to the above requested record(s).
- Authorized Government Official** - Please be advised that I, _____, am a government official for _____ with the title of _____ and am authorized to view and allow access to Department of Buildings records pertaining to the above requested record(s).

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*****NOTARY REQUIRED****

Name (please print)	
Signature	Date
Sworn to before me this ____ day of _____, 20__	

Internal Use Only				
Clerks Initials	Date	Time Processed	<input type="checkbox"/> I.D. Verified	<input type="checkbox"/> I.D. Scanned

Important: Please submit this request with two (2) forms of valid identification to: IADMailbox@buildings.nyc.gov and please direct any questions to The Office of Internal Audits and Discipline at (212) 442-2000. If you are unable to scan and email documents, please mail legible copies to The Office of Internal Audits and Discipline c/o Sensitive Buildings, 11 Park Place, Suite 201, NY, NY 10007.



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6 Requestor Information *(Required for all Non- Filing Representatives.)*

<input type="checkbox"/> Professional Engineer	<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Licensee
Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Mobile Telephone	
City	State	Zip Code
Government ID #	Type	

7 Property Owner Information *(Required for all Non- Filing Representatives. All information is required.)*

Last Name	First Name	Relationship to Owner
Business Name	Business Telephone	
Business Address	Email	
City	State	Zip Code

8 Owner Authorization Letter and Requestor's Photographic ID *(Required for all Non-Filing Representatives. All information is required and should be included with the form.)*

A. Owner Authorization letter *(Must be notarized)*

The owner authorization letter must be written by the owner of the property stating that the above listed requestor is authorized to have access to the records. The reason for requesting the records must be noted in the letter. The letter must be dated within 30 days of the request. The address and job number(s) must be listed on the owner's letterhead with the owner's contact information.

B. NYC Department of Buildings issued ID card **and** a Government issued Driver's license or ID card *(Two forms of ID are required)*

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Clerks Initials	Date	Time Processed	<input type="checkbox"/> I.D. Verified	<input type="checkbox"/> I.D. Scanned

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