



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street
10th Floor
New York, NY 10038
1-844-OATH-NYC

Document Request Form

Date: \_\_\_\_\_

Requestor Information:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Your Relationship to Respondent: [ ] Respondent [ ] Authorized Representative of Respondent\* [ ] Owner of Premises

\*If Authorized Representative, what is the name of the person who authorized you to represent the respondent?
\_\_\_\_\_

What is that person's relationship to the respondent? \_\_\_\_\_

How would you like to receive the requested documents?

- [ ] Mail [ ] Pick Up (OATH will contact you at the phone number you provide) [ ] E-Mail

Documents requested:

[ ] Summons (provide Summons number(s)): \_\_\_\_\_

[ ] Affidavit of Service (provide Summons number(s)): \_\_\_\_\_

[ ] Copy of Decision & Order (provide Summons number(s)): \_\_\_\_\_

[ ] Printout of outstanding summonses for the following name and/or address:
\_\_\_\_\_

[ ] Bill for fines and penalties due for the following name and/or address:
\_\_\_\_\_

FOR OFFICE USE ONLY (Do not write below this line)

Request taken by: \_\_\_\_\_