CITY OF NEW YORK
OATH
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Office of the Clerk

Inquiry and Call Center Unit
66 John St., 10th Floor
New York, NY 10038

REQUEST FOR AUDIO RECORDINGS

USE THIS FORM TO REQUEST THE AUDIO RECORDING OF A HEARING.

The OATH Hearings Division prepares audio recordings at the rate of 25¢ per CD for recordings that are picked up and $3.00 for recordings that are mailed. The Hearings Division will contact you with the total cost for preparing the audio recording(s). Payment must be made (by check, money order, or credit card only) before the Hearings Division can release the copy. There is no cost for recordings that are emailed.

Information About the Summons(es)/Notice(s)

Summons/notice number(s) (list additional summons/notice numbers on the back of this form): _____

_____

Hearing date: _____ CAMIS number or TLC license number (if applicable): _____

Name of Respondent, exactly as it is written on the top of the summons(es)/notice(s): _____

_____

Information About the Person Making the Request

Date of request: _____

Name of person making request: _____

Telephone number: _____ Email address: _____

Check one:

☐ I will pick up the CD(s) ☐ Email the audio, at no cost, to _____

☐ Mail the CD(s) to _____

Are you the named Respondent on the summons(es)/notice(s)? ☐ Yes ☐ No

If you are not the named Respondent, you **must** answer the following questions:

a) Check the box that best describes who you are:
   ☐ Owner of property/business ☐ General/Managing agent ☐ Employee of respondent
   ☐ Partner/officer of respondent company ☐ Other (friend, relative, etc…), describe _____
   ☐ Registered representative (must attach Authorization Form) ☐ Attorney

b) Are you authorized to represent the Respondent? ☐ Yes ☐ No

c) What is the name of the person who asked you to make this request? _____

d) What is that person's relationship to the Respondent? For example, if the summons/notice names a corporation as the Respondent, tell us what that person's job or title is at the corporation. _____

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

Date completed: _____ Prepared by: _____

Total number of CD(s) _____ times fee per CD ([amount]) = Fee due: _____