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: ____

E-Mail Address: ____

Name of Respondent: ____

Your Relationship to Respondent: ☐ Respondent ☐ Authorized/Registered Representative * ☐ Owner of Premises

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

____

*If Registered Representative, please attach your authorization

How would you like to receive the requested documents?
◯ Mail ◯ Pick Up (OATH will contact you at the email address 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))*: ____________________________________

☐ Invoice for fines and penalties due for a specific property/respondent

Please provide the respondent name AND property address of the property for which you want to have a payoff invoice: ____

NOTE:
For renewal of a DOB license please email IRequest@oath.nyc.gov with a copy of the front and back of license.
For renewal of a General or Food Vendor license, please email VendorInquiry@oath.nyc.gov and use the appropriate Invoice Search Request form available online - www.nyc.gov/site/oath/hearings/hearings-division-forms.page

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

Request taken by: ____________________________