



**Buildings**

**1 Location Information** (Required field for all applications.)

House No(s)	Street Name					
Borough	Block	Lot	BIN	Request For	Folder	Microfilm
Job #'s requested: (1) (5 max per form) (2)		(3) (4)		(5)		

**2 Filing Representatives** (Non-Filing Representatives skip to sections 6, 7 and 8.)

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** (Required field for all Filing Representatives.)

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** (Required field for all Filing Representatives. All information is required.)

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

**5 Statement and Signatures** (Required field for all Filing Representatives - to be completed by party designated at the checkbox below)

**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 Department of Buildings records pertaining to the above requested record(s).

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__	

<b>Internal Use Only</b>				
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: [IADRecordsRequest@buildings.nyc.gov](mailto:IADRecordsRequest@buildings.nyc.gov) and please direct any questions to The Office of Internal Affairs and Discipline at (212) 393-2900. If you are unable to scan and email documents, please mail legible copies to The Office of Internal Audits and Discipline c/o Records Request, 11 Park Place, Suite 201, NY, NY 10007.**

