



Date: _____

HOUSING COURT REPORT REQUEST FORM

Form submitted to:

Email: LOSUPRINTOUTS@hra.nyc.gov

eFax: 917-639-0341

Client Name:

Case Number:

Client SSN (for AP cases or if case number is unknown):

Period Requested:

to

Organization Requesting Report:

Organization Staff Name:

Organization Staff Email:

Organization Staff Phone:

If there is anything additional that may need to be provided, please provide details below:
