

Application must be typewritten or printed clearly



1 Location Information (F	Required field for all applications.)							
1 Location information (A	ечиней ней тог ан аррнсайонс.)							
House No(s)	Street Name							
Borough	Block L	ot BIN	Request For	Folder	Microfilm			
Job #'s requested: (1)	(3)		(5)					
(5 max per form) (2)	(4)							
2 Filing Representatives (Non-Filing Representatives skip to s	sections 6, 7 and 8.)						
Last Name	First Nam	ne	Middle Initial					
Business Name			Business Telephone					
Business Address			Mobile Telephone					
City	Sta	ate	Zip Code					
Government ID #	Туן	ре	Department ID #	Department ID #				
Home Address		Email						
City	Str	State Zip Code						
3 Filing Representative's	Statement and Signatures (Red	quired field for all Filing	Representatives.)					
	e punishable by a fine or imprisonment, or both.	Name (please print)						
monetary or otherwise, either as a	e, or for a city employee to accept, any benefit, gratuity for properly performing the job or in iolation is punishable by imprisonment or fine,	Signature		Date				
or both. I understand that if I am found	d after hearing to have knowingly or negligently owingly or negligently falsified or allowed to be	O.g. iaiai o						
falsified any certificate, form, signed s the correction of a violation required u	statement, application, report or certification of under the provisions of this code or of a rule of	Sworn to before me						
Department. I acknowledge that I h	ing further applications or documents with the have read and complied with all instructions	thisday of	20					
pertaining to this application and supp	·							
4 Property Owner Informa	tion (Required field for all Filing Re	epresentatives. All inforr	mation is required.)					
Last Name	Last Name First Name			Relationship to Owner				
Business Name			Business Telephone					
Business Address				Email				
City	Sta	State Zip Code						
5 Statement and Signature	es (Required field for all Filing Repr	esentatives - to be com	pleted by party designated at th	e checkbox be	elow)			
Owner - Please be advised t	hat I,	, am the owr	ner 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 O	fficial - Please be advised that I,		, am a gove	ernment officia	ıl for			
			and am authorized to view Depart-					
ment of Buildings records pe	ertaining to the above requested reco							
Falsification of any statement is a crime punis	shable by a fine or imprisonment, or both. It is							
unlawful to give to a city employee, or for a city otherwise, either as a gratuity for properly	ty employee to accept, any benefit, monetary or performing the job or in exchange for specia	Name (please print)						
consideration. Violation is punishable by impris found after hearing to have knowingly or n	sonment or fine, or both. I understand that if I an negligently made a false statement or to have	Signature		Date				
statement, application, report or certification of	d to be falsified any certificate, form, signed of the correction of a violation required under the cy, I may be barred from filing further applications	Sworn to before me						
	wledge that I have read and complied with a		20_					
vara Varana								
Internal Use Only								
Clerks Initials	Date Time Process	ed	I.D. Verified	I.D. Scar	nned			



ADM-73: Supplemental Records Request Form

Application must be typewritten or printed clearly Requestor Information (Required for all Non- Filing Representatives.) Licensee Professional Engineer Registered Architect First Name Middle Initial Last Name **Business Name Business Telephone Business Address** Mobile Telephone City State Zip Code Government ID# Type Property Owner Information (Required for all Non-Filing Representatives. All information is required.) Last Name First Name Relationship to Owner **Business Name Business Telephone Business Address** Email City State Zip Code Owner Authorization Letter and Requestor's Photographic ID (Required for all Non-Filing Representatives. All information is required quired and should be included with the form.)

A. Owner Authorization letter (Must be notarized)

The owner authorization letter must be written by the owner of the property stating that the above listed requestor is authorized to have access to the records. The reason for requesting the records must be noted in the letter. The letter must be dated within 30 days of the request. The address and job number(s) must be listed on the owner's letterhead with the owner's contact information.

B. NYC Department of Buildings issued ID card and a Government issued Driver's license or ID card (Two forms of ID are required)

Internal Use Only				
Clerks Initials	Date	Time Processed	I.D. Verified	I.D. Scanned

Important: Please submit this request with two (2) forms of valid identification to:

<u>IADRecordsRequest@buildings.nyc.gov</u> 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, New York, N.Y. 10007