

**Department of  
Housing Preservation and Development  
Division of Code Enforcement**

(Form A-B)

**TENANT'S REQUEST FOR INSPECTION**

Civil Court Index No: LT/HP \_\_\_\_\_

County of: \_\_\_\_\_

Housing Part: \_\_\_\_\_ Room: \_\_\_\_\_

The case of \_\_\_\_\_

Vs. \_\_\_\_\_

will appear on the Court Calendar on:

\_\_\_\_\_ at \_\_\_\_\_ AM / PM

Tenant's Name: \_\_\_\_\_

Tenant's Address: \_\_\_\_\_

Apt. \_\_\_\_\_ Floor: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant's Phone #s: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

<p><b>CHILD UNDER SIX?</b></p> <p>Does a child under six live here or routinely spends more than 10 hours a week here? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes please check one below</p> <p>_____ Child lives here.</p> <p>_____ Child routinely spend more than 10 hours a week here.</p> <p>If yes, please provide the name and age/date of birth for the youngest child.</p> <p>Name _____ Age/Date of Birth _____</p>
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You may gain access by contacting: \_\_\_\_\_

In connection with the above-mentioned case in the Civil Court of the City of New York, I, the tenant of the apartment referred to wish to call the Court's attention to the conditions listed above which I allege are violations, and request that an inspection of the property be made to verify my allegations.

<p><b>Inspection Date:</b></p> <p><b>Weekday Times:</b> <input type="checkbox"/> 9 AM – 1 PM (all boroughs)</p> <p><input type="checkbox"/> 12 PM – 5 PM (MN, BKLYN, BX, QNS)</p> <p><input type="checkbox"/> 4 PM – 9 PM (MN, BKLYN, BX)</p> <p><b>Weekend Times:</b> <input type="checkbox"/> 9 AM – 5 PM (MN, BKLYN, BX)</p>		<p><b>Case Adjourned to:</b></p>	<p align="center"><b>DIVISION OF CODE ENFORCEMENT</b></p> <p>Inspector's Name: _____</p> <p>Inspector's Badge No.: _____</p> <p>Inspection Date: _____</p>																										
<table border="1"> <thead> <tr> <th>Apt. No. (OR PUBLIC AREA)</th> <th>Which Room?</th> <th>Condition(s) – Be Specific</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>1</td></tr> <tr><td> </td><td> </td><td>2</td></tr> <tr><td> </td><td> </td><td>3</td></tr> <tr><td> </td><td> </td><td>4</td></tr> <tr><td> </td><td> </td><td>5</td></tr> <tr><td> </td><td> </td><td>6</td></tr> <tr><td> </td><td> </td><td>7</td></tr> <tr><td> </td><td> </td><td>8</td></tr> </tbody> </table>	Apt. No. (OR PUBLIC AREA)	Which Room?	Condition(s) – Be Specific			1			2			3			4			5			6			7			8	<p align="center"><b>REPORT</b></p>	
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		8																											

Date of Request: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_

<p><b>FOR DIVISION OF CODE ENFORCEMENT USE ONLY</b></p> <p><b>INSPECTION RESULTS</b></p> <p><input type="checkbox"/> No Access at time of Inspection</p> <p><input type="checkbox"/> No Violations Issued</p> <p><input type="checkbox"/> Violations issued, see attached Violation Summary Report (VSR)</p>
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