

HARVEY RUVIN, CLERK
CIRCUIT & COUNTY COURTS
CODE ENFORCEMENT
111 NW 1st STREET, SUITE 1750
MIAMI, FL 33128
(305) 375-2333
(305) 375-2731 (FAX)

REQUEST FOR COPY OF AUDIO/VISUAL RECORDING

To request a copy of an audio/visual recording of a Code Enforcement "Hearing Session" (ie. one or more cases heard on a particular Hearing Date and Room), complete and submit this Request Form with the applicable fee(s). Check the appropriate box(es) indicated below:

- \$10.00** Copy Fee per Civil Violation Notice number.
- \$2.00** Additional charge for Clerk's certification attesting to authenticity of recorded hearing(s).
- \$8.00** Additional charge for postage and handling, If desired – Priority U.S. Mail delivery only.

Total Payment Remitted: \$ _____ (Payment can be submitted in person or by mail to the above address. Make check payable to: "**Clerk of Courts, Code Enforcement**") You may also pay with **AMERICAN EXPRESS, MASTER CARD or VISA** in person or by calling (305) 375-2333.)

THE FEE(S) COVERING THIS REQUEST MUST BE **PAID IN FULL** WHEN SUBMITTING THIS FORM. **NOTE:** A **SEPARATE** REQUEST FORM IS REQUIRED FOR EACH SPECIFIC "HEARING SESSION". Only **ONE** "Hearing Session" will be copied **PER DVD**.

Civil Violation Notice Issued By (Department Name): _____

Date of "Hearing Session": _____ **Hearing Room (# or Letter):** _____

Hearing Officer's Name: _____

Civil Violation Notice Number(s): _____

Requestor's Name: _____

Requestor's Mailing Address:

Street Unit/Suite No.

City State Zip Code

Requestor's Daytime Telephone Number: (____) _____

Requestor's Signature: _____

(PLEASE DO NOT SIGN OR WRITE BELOW THE DOTTED LINE – FOR OFFICE USE ONLY.)

THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE RECORDED HEARING COPY SUBJECT TO THIS REQUEST FORM

Received By (Signature)

Date