

“Sample” Disclosure Request Form:

VIA FAX OR REGULAR MAIL

SEND BY REGULAR MAIL TO:

NYS Department of State
Office of Counsel
ATTN: [HEARING PRESENTER NAME]
One Commerce Plaza
99 Washington Ave., 5th Floor
Albany, NY 12231

SEND BY FAX TO:

Fax Number: (518) 473-2730

Re: [Insert Case Name]
[Insert Complaint No./Proposed Denial No.]

Dear [Insert Hearing Presenter Name]:

Please allow this letter to serve as a formal demand for copies of all documents that you intend to introduce as evidence in my hearing. In addition, please submit a list of all witnesses, if any exist, who will appear on behalf of the Division of Licensing Services.

Thank you,

[Applicant/Licensee Signature]