

JUAN FERNANDEZ-BARQUIN
CLERK OF THE COURT AND COMPTROLLER
MIAMI-DADE COUNTY
CODE ENFORCEMENT
111 NW 1st STREET, SUITE 1750
MIAMI, FL 33128
(305) 375-2333
(305) 375-2731 (FAX)
COCCEAPPEAL@MIAMIDADE.GOV

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, 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 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: _____

Note: Per MDC Code Section 8CC-6(f), if you wish to obtain a written transcript of these proceedings, please take this audio/visual (CD-ROM) recording to your court reporter of preference and have it transcribed at your own expense.

(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