

## REQUEST FOR AUDIO RECORDING OF HEARING

If you wish to request the audio recording of a hearing, complete the following and send this form to OAH staff by mail, fax (512) 465-5656 or email to: [OfficeAdminHearings@txdmv.gov](mailto:OfficeAdminHearings@txdmv.gov)

In the Matter of: \_\_\_\_\_

Case No.: \_\_\_\_\_

Date(s) of Hearing(s):

\_\_\_\_\_

Requested by: \_\_\_\_\_

**DATE**

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_