

## This Form is 8½" X 14" Submit Two Copies of This Form

Complainant/Victims will be sent verification free of charge, other applicants must send a **non-refundable** processing fee of \$15.00 (Check or Money Order – **NO CASH**) payable to the NYC Police Department with each application. All applicants must enclose a stamped self-addressed envelope. Please mail requests to: New York City Police Department, Criminal Records Section (Verification Unit), 1 Police Plaza, Room 300, New York, NY 10038.

Mail Record To:	Tree NTV 11000				
12 Bedford Ave, Brookl (Print or Type)	Lyn, NY, 11203				
( 5)po/					
1. Exact location where crime / loss took place			Applicant's File No.	* Dragingt of Occurrence	
1. Exact location where crime / loss took place				* Precinct of Occurrence	
99 glenwood rd, Englew	wood, NJ, 07631	L			
2. Date reported to Police Time (if	if known)	This report	☐ Other (describe)		
10/26/1997   11			☐ Lost Property		
3. Full name and address of complainant/victim as re					
·					
	70.45	In the second			
Date and Time of Crime /	and time of Crime /				
Loss of Property (if different than date of report) $10/20/1$	L997   12:08PM				
Any additional information which may aid in searchin	ng for your record				
Stabbing Middle-aged, red sweat	shirt, face ta	attoo of a chair	. big booty		
* INSTRUCTIONS: In order to find this record	<u> </u>			er and precinct of record	
(Occurrence). Verification of your request cannot squad concerned during the hours of 9 a.m. to	not be made without this inforr	mation. The complaint number ma			
Applicant's Signature	Date	Name and address of insurance cor	mpany	Date	
	10/26/1997			10/26/1997	
		PARTMENT USE ONLY		10, 20, 133.	
FOLLOWING IS A VERIFICATION OF THE ABOVE	E REQUEST				
MOTOR VEHICLES					
CURRENCY					
CONNENCT					
JEWELRY					
FURS – CLOTHING					
FIREARMS					
OFFICE EQUIPMENT					
T.V., RADIOS, CAMERAS, ETC.					
HOUSEHOLD GOODS					
CONSUMABLE GOODS					
MISCELLANEOUS					
BRIEFLY DESCRIBE MANNER OF CRIME / LOSS	OF PROPERTY				
Alarm No. Report verified by (print title	e name/sign\		Dat	· ·	
report vermed by (print title	-,ao.oigii/		Ja	<del></del>	