

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.

* Complaint Number	Precinct of Report			R USE BY C	RIMINAL REC	ORDS SECTION
Mail Record To:						
(Print or Type)						
					Applicant's File No.	
1. Exact location where crime / loss too	ok place				Applicants The NO.	* Precinct of Occurrence
2. Date reported to Police	Time (if known)	Time (if known)		This report		
				concerns:		
3. Full name and address of complaina	int/victim as reported t	to Police Department				
	DATE	TIME	Name of officer v	vho received your m	eport if known	
Date and Time of Crime / Loss of Property (if different than date of report)	DATE HIVE		Name of officer who received your report, if known.			
Any additional information which may a	id in searching for you	ur record				
* INSTRUCTIONS: In order to find (Occurrence). Verification of your re squad concerned during the hours	equest cannot be ma	ade without this info	ormation. The comp	above, particularl plaint number may	ly the complaint num be obtained by callin	ber and precinct of recording the precinct or detective
Applicant's Signature		Date	Name and addres	lame and address of insurance company		Date
		 FOR POLICE DE	 EPARTMENT US	SE ONLY		I
FOLLOWING IS A VERIFICATION OF MOTOR VEHICLES	THE ABOVE REQUE	EST				
CURRENCY						
JEWELRY						
FURS - CLOTHING						
FIREARMS						
OFFICE EQUIPMENT						
T.V., RADIOS, CAMERAS, ETC.						
HOUSEHOLD GOODS						
CONSUMABLE GOODS						
MISCELLANEOUS						
BRIEFLY DESCRIBE MANNER OF CR	RIME / LOSS OF PRO	PERTY				
Alarm No. Report verified	by (print title, name/s	sign)			Da	ate
					I	