



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	FOR USE BY CRIMINAL RECORDS SECTION
Mail Record To: 12 Bedford Ave, Brooklyn, NY, 11203 (Print or Type)		
Applicant's File No.		

1. Exact location where crime / loss took place		* Precinct of Occurrence	
1200 Pennsylvania Ave.			
2. Date reported to Police	Time (if known)	This report concerns:	<input type="checkbox"/> Crime <input type="checkbox"/> Other (describe) <input type="checkbox"/> Lost Property
2020-5-2	3:45:27		
3. Full name and address of complainant/victim as reported to Police Department			

Date and Time of Crime / Loss of Property (if different than date of report)	DATE 1 / 8 / 202	TIME 3 : 29 AM	Name of officer who received your report, if known.
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Any additional information which may aid in searching for your record
I was being harassed by an old man
The were elderly and hispanic

* **INSTRUCTIONS:** In order to find this record you **MUST** furnish all information requested above, particularly the complaint number and precinct of record (Occurrence). Verification of your request cannot be made without this information. The complaint number may be obtained by calling the precinct or detective squad concerned during the hours of 9 a.m. to 5 p.m. **Submit Two Copies of This Form.**

Applicant's Signature	Date	Name and address of insurance company	Date
	2020-5-2		2020-5-2

FOR POLICE DEPARTMENT USE ONLY

FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST

MOTOR VEHICLES
CURRENCY
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, name/sign)	Date
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