POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK

REQUEST FOR RECORDS

PDCN 151 - 3/96

DIRECTIONS:

1. Please print legibly.
2. If you are requesting records regarding an incident that you were not involved in, please enclose a written notarized authorization from an involved party. Failure to do so may result in the denial of your request or the deletion of certain information.
3. Your request will be reviewed. Do not enclose a check at this time. We anticipate that we will come to a final determination on the matter in approximately three weeks. At that time we will advise you by mail of any records that are available and of any related copying costs.
4. Forward to the Nassau County Police Department, Legal Bureau, 1490 Franklin Avenue, Mineola, New York 11501

REQUESTING PERSONS NAME			DATE OF REQUEST
REQUESTING PERSONS COMPANY/FIRM (If applicable)			REQUESTING PERSONS DAYTIME TELEPHONE NO.
REQUESTING PERSONS ADDRESS			
NAME OF PERSON YOU REPRESENT			
DATE OF OCCURRENCE	TIME OF OCCURRENCE ☐ A.M. ☐ P.M.	TYPE OF INCIDENT	
CASE REPORT NO. (C.R.)	DETECTIVE DIVISION NO. (D.D.)	ACCIDENT REPORT NO.	AIDED REPORT NO.
LOCATION OF OCCURRENCE			
NAME(S) OF PERSON(S) INVOLVED			
ADDITIONAL INFORMATION (Please include as much information as possible to facilitate locating the appropriate records.)			
SPECIFIC RECORDS REQUESTED			
REQUESTING PERSONS SIGNATURE			