



# VERIFICATION OF INCIDENT

PD 542-061 (Rev. 04-22)

Requests for Verification of Incident reports from complainants/victims, their authorized representative, or an authorized third party will be completed free of charge. Complainants/Victims designating an authorized representative must also complete and submit a notarized AUTHORIZATION LETTER [page 2]. All applicants must enclose a stamped self-addressed envelope. Please mail requests to: New York City Police Department, Criminal Records Section (Verification Unit), 375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038. \*\* E-MAIL OR MAIL-IN REQUESTS ONLY \*\* The Criminal Records Section is not open to the public and do not provide in-person copies of reports. Complainants/Victims can also request a copy of a Verification of Incident report by submitting their request online at <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>. In order to find this record you MUST furnish all information requested below, 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 7 a.m. to Midnight.

FOR USE BY NYPD

* Complaint Number		* Precinct of Report		Location of Occurrence	
Mail Record To: <i>(Print or Type)</i>				Full name and address of complainant/victim as reported to Police Department	
Date reported to Police		Time <i>(if known)</i>		This report concerns: <input type="checkbox"/> Crime <input type="checkbox"/> Lost Property <input type="checkbox"/> Other <i>(describe)</i>	
Date and Time of Incident <i>(if different than date of report)</i>		Date	Time	Name of officer who received your report, if known.	
Any additional information which may aid in searching for your record					
Applicant's Name			Applicant's Signature		Date

**FOR POLICE DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE**  
**THE FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST INCLUDING PROPERTY INVOLVED**

Raised seal required for validation

Alarm No.	Report verified by <i>(print title, name/sign)</i>	Date
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**LETTER OF AUTHORIZATION FOR VERIFICATION OF INCIDENT REQUEST  
(Only complete if designating an authorized representative)**

Complainant/Victim's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Precinct of Occurrence: \_\_\_\_\_

Location Incident Occurred: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Authorized Representative's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: *New York City Police Department, Criminal Records Section (Verification Unit)  
375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038*

This letter confirms my designation of the individual or firm listed above as my authorized representative to act on my behalf for the sole purpose of requesting incident information from the New York City Police Department in connection with the above-captioned occurrence and the accompanying completed VERIFICATION OF INCIDENT (PD 542-061) form. My authorized representative is hereby granted the right of access to information and the right to act as my agent regarding this request, and all communications sent by the New York City Police Department in regards to this request should be directed to the attention of the authorized representative. However, this does not preclude my intervention at a future date, and this authorization may be revoked, in writing, by me at any time.

I understand that when releasing information to the authorized representative, the New York City Police Department has no authority to control the future use or dissemination of this information. Therefore, I release the New York City Police Department, the City of New York and any officers, agents, or employees, thereof, from any and all liability that may arise out of the authorized representative's possession and the use of the information and records.

This written authorization is effective the date signed and will remain in effect until the request has been completed or the authorization is revoked by me, in writing, whichever occurs first.

\_\_\_\_\_  
Complainant/Victim's Name *(Please Print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant/Victim's Signature

STATE OF NEW YORK

SS.:

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Signature

[Affix Notary Stamp]