SUBMIT TWO COPIES OF THIS FORM

FOR EACH RECORD REQUESTED, A SEPARATE APPLICATION IS REQUIRED		FOR POLICE DEPT. USE ONLY					
AIDED REPORT (PD 304-152B)							
		NAME AND ADDRESS OF PERSON TO WHOM RECORD IS TO BE MAILED SHALL BE PRINTED OR TYPED IN THIS SPACE BY APPLICANT					

INSTRUCTIONS FOR MAIL-IN REQUESTS—NO FEE REQUIRED

- 1. Information MUST be typed or printed. Incomplete information may result in the return of your application.
- 2. Enclose a stamped, self-addressed 9½"x4" envelope.
- 3. Mail Request for AIDED REPORT (PD 304-152B) to:

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

** MAIL-IN REQUESTS ONLY **

NOTE: Sections 1 and 3 MUST be completed in all cases or your request will be returned. Completion of the additional sections will help to ensure a thorough search.

1. Date of Occurrence	2. Nam	ne of Injured (Include Year of Birth and Sex)		
3. Place of Occurrence (Include Nearest Intersecting Street)		4. Precinct of Occurrence	5. Aided Report No.	
6. Aided Information	Rank	Name	Shield No.	Precinct
Reported To:				