

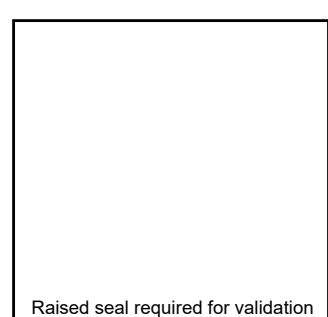
**VERIFICATION OF INCIDENT (French)**

PD 542-061 (Rev 04-22)

Les demandes de vérification des rapports d'incidents émanant des plaignants / victimes, de leur représentant autorisé ou d'un tiers autorisé seront remplies gratuitement. Les Plaignants / Victimes désignant un représentant autorisé doivent également remplir et soumettre une LETTRE D'AUTORISATION notariée [page 2]. Tous les demandeurs doivent joindre une enveloppe timbrée destinée à leur propre adresse. Veuillez envoyer vos demandes à l'adresse suivante : New York City Police Department, Criminal Records Section (Verification Unit), 375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038. ** Le département des casiers judiciaires n'est pas ouvert au public et ne fournit pas de copies des rapports en personne. Les Plaignants / Victimes peuvent également demander une copie d'un rapport de vérification d'incident en soumettant leur demande en ligne sur la page <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>. Afin de trouver ce dossier, vous DEVEZ fournir toutes les informations demandées ci-dessous, en particulier le numéro de la plainte et la Circonscription d'enregistrement (de l'incident). La vérification de votre demande ne peut être faite sans ces informations. Le numéro de la plainte peut être obtenu en appelant le commissariat ou la brigade de détectives concernés, de 7 heures à minuit.

FOR USE BY NYPD

* Numéro de la Plainte		* Circonscription du Signalement		Lieu de l'Incident	
Envoyer le Dossier par Courrier à : <i>(Imprimer ou Saisir)</i>				Nom et adresse complets du plaignant / de la victime tels qu'ils ont été rapportés au Département de la Police	
Date du signalement à la police		Heure <i>(si connue)</i>		Ce signalement concerne : <input type="checkbox"/> Crime <input type="checkbox"/> Objets Perdus <input type="checkbox"/> Autre <i>(décrire)</i>	
Date et Heure de l'Incident <i>(si différentes de la date de signalement)</i>		Date	Heure	Nom de l'officier qui a reçu votre signalement, s'il est connu.	
Toute information supplémentaire qui pourrait faciliter la recherche de votre dossier					
Nom du Requérant			Signature du Requérant		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]