

**VERIFICATION OF INCIDENT (Korean)**

PD 542-061 (Rev 04-22)

신고자/피해자, 그들의 권한 위임 대리인 또는 권한 위임 제3자의 사건 신고 확인 요청은 무료로 처리됩니다. 권한 위임 대리인을 지정하는 신고자/피해자는 공증된 권한 위임장[2페이지]도 작성하여 제출해야 합니다. 모든 신청자는 우표가 부착된 반송 봉투를 동봉해야 합니다. 요청서를 다음 주소로 우송: NEW York City Police Department, Criminal Records Section (Verification unit), 375 Pearl Street, Suite 4, 16th Floor, NEW York, NY 10038. ** 이메일 또는 우송 요청만 가능 ** 범죄 기록 섹션은 대중에게 공개되지 않으며 보고서 사본을 직접 제공하지 않습니다. 신고자/피해자는 <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>에서 온라인으로 요청서를 제출하여 사건 신고 확인서 사본을 요청할 수도 있습니다. 이 기록을 찾으려면 아래에서 요청하는 모든 정보, 특히 신고 번호와 신고 관할구(발생) 정보를 제공해야 합니다. 이 정보가 없으면 요청을 확인할 수 없습니다. 신고 번호는 오전 7시부터 자정까지 관할구 또는 해당 형사 팀에 전화하여 확인할 수 있습니다.

FOR USE BY NYPD ONLY

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|-------------------------------|-----------|----------|------------------------------------|
| * 신고 번호 | | * 신고 관할구 | 발생 장소 |
| 기록 우송 대상: (정자로 기입 또는 타이핑) | | | 경찰국에 신고된 신고자/피해자의 이름 및 주소 |
| 경찰 신고 일자 | 시간(야는 경우) | | 이 신고 우려 사항:· 범죄 · 분실물 · 기타 (명시) |
| 사건 일시 (신고 일자와 다른 경우) | 일자 | 시간 | 알고 있는 경우 귀하의 신고를 접수한 경찰관 이름 |
| 귀하의 기록을 찾는 데 도움이 될 수 있는 추가 정보 | | | |
| 신청자 이름 | | 신청인 서명 | 일자 |

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 (print title, name/sign) | Date |
|-----------|---|------|

**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]