



VERIFICATION OF INCIDENT (Simplified Chinese)

PD 542-061 (Rev 04-22)

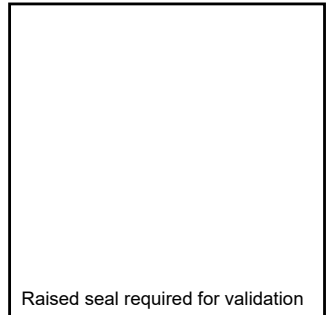
填写并提交投诉人/受害者、其授权代表或授权第三方对事件核实报告请求的无需费用。指定授权代表的投诉人/受害者还必须填写并提交经公证的授权书[第 2 页]。所有申请人必须将其装入贴好邮票并写明回邮地址的信封。请邮寄至: 375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038, 纽约警察局犯罪记录科(核实部门) **仅限电子邮件或邮寄请求** 犯罪记录科不得对公众公开, 也不得亲自提供报案副本。投诉人/受害者也可以通过 <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests> Page 在线提交其获取事件核实, 您必须提供以下要求的所有信息, 特别是投诉编号和报案(事件发生)警区, 以查找此记录。如果没有此类信息, 则无法核实您的请求。可于上午 7 时至午夜 12 时致电有关警区或侦缉队获取投诉编号。

FOR USE BY NYPD

* 投诉编号		* 报案警区		事件发生地点	
请将记录邮寄至: (打印或键入)				向警察局报案的投诉人/受害者的全名和地址	
向警局报案的日期		时间 (如知悉)		本次报案内容: <input type="checkbox"/> 犯罪 <input type="checkbox"/> 财产丢失 <input type="checkbox"/> 其他 (请说明)	
事件发生日期和时间 (如与报案日期不一致)		日期	时间	受理您报案的警官姓名 (如知悉)。	
任何有助于搜索您的记录的额外信息					
申请人姓名			申请人签名		日期

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
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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]