

F.O.I.L. UNIT – LEGAL BUREAU
ONE POLICE PLAZA, ROOM 110-C
NEW YORK, NEW YORK 10038
www.nyc.gov/html/nypd
Email: FOIL@NYPD.ORG

DATE: _____

REQUESTOR'S NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ Email: _____

UNDER THE FREEDOM OF INFORMATION LAW, I AM REQUESTING THE FOLLOWING:
(FOR SEALED RECORDS SUBMIT A NOTARIZED REQUEST OR NOTARIZED AUTHORIZATION FOR RELEASE FROM THE ACCUSED IN WHOSE FAVOR A CRIMINAL ACTION OR PROCEEDING WAS TERMINATED)

COMPLAINT REPORT#: _____ **DATE:** _____ **PRECINCT #** _____ **TIME:** _____

ADDRESS OF COMPLAINANT: _____

VICTIM/COMPLAINANT NAME: _____ OFFENSE: _____

ARREST REPORT #: _____ **PRECINCT #** _____ **NAME:** _____

DATE OF ARREST: _____ D.O.B. _____ S.S.# _____ NYSID# _____

VICTIM/COMPLAINANT NAME: _____ CHARGE: _____

AIDED CARD #: _____ **NAME:** _____

PRECINCT # _____ DATE: _____ TIME: _____ LOCATION: _____

NATURE OF ILLNESS/INJURY: _____

SPRINT REPORT: (911 CALL) DATE: _____ **PRECINCT #** _____ **TIME:** _____

ADDRESS OF CALL: _____ PHONE (____) _____

NAME OF CALLER: _____ NATURE OF CALL: _____

PERSONNEL FILE: (SUBMIT A NOTARIZED REQUEST OR NOTARIZED AUTHORIZATION FOR RELEASE)
(ONLY FOR RETIRED OR SEPARATED MEMBERS OF THE NYC POLICE DEPARTMENT)

NAME: _____ TAX#: _____ SS#: _____

DOCUMENT(S) NEEDED: _____

OTHER (TYPE OF REQUEST): _____ **REPORT #** _____

NAME: _____ **PRECINCT #** _____ **DATE(S):** _____

LOCATION: _____

NAME: (PRINT) _____ **SIGNATURE:** _____