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) 1 Police Plaza, Room 303 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.

me of Injured (Include Year of Birth and Sex)		
Vearest Intersecting Street)	4. Precinct of Occurrence	5. Aided Report No.
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Name	Shield No.	Precinct
	Nearest Intersecting Street)	Nearest Intersecting Street) 4. Precinct of Occurrence