



REQUEST FOR VERIFICATION OF A COMPLAINT REPORT
 PD 542-062 (Rev. 12-25)



A REQUEST FOR VERIFICATION OF A COMPLAINT REPORT will be completed free of charge.
 This report is a brief summary, containing key details of the complaint report filed with the New York City Police Department, which can be submitted to entities as proof that the incident was reported to the police.

This report can be requested online or by mail:

ONLINE REQUEST: Visit GetMyReport.NYPDonline.org or scan QR Code above.

MAIL IN REQUEST: Mail this completed form to: New York City Police Department, Attn: Criminal Records Unit (Verification Unit), One Police Plaza, New York, NY 10038. Include a stamped self-addressed 9 1/2" by 4" envelope if you want the copy of the report mailed to you.

NOTE: The Criminal Records Unit, is not open to the public and does not provide in-person requests for reports.

IF YOU ARE DESIGNATING AN AUTHORIZED REPRESENTATIVE OR AN AUTHORIZED THIRD PARTY TO OBTAIN YOUR REPORT:

You must also complete and submit a notarized AUTHORIZATION LETTER [PAGE 2].

[PAGE 2] IS ONLY REQUIRED IF YOU'RE DESIGNATING SOMEONE OTHER THAN YOURSELF TO OBTAIN THIS REPORT

In order to find this report, you MUST complete all information requested below, particularly the complaint report number and command of report (occurrence). The complaint report number requested below, may be obtained by calling your local command.

Complaint Number:	Command of Report:	Date Reported to Police: <i>(mm/dd/yyyy)</i>	Time Reported: <i>(if known)</i>
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Exact Location Where Crime/Incident Took Place:	Date of Incident <i>(mm/dd/yyyy)</i>
	Time of Incident: <i>(if known)</i>

Full Name of Complainant/Victim as Reported to Police:

Address of Complainant/Victim as Reported to Police:

This Report Concerns: Crime Lost Property

Additional Information:
 (any additional info that may aid
 in searching for your records)

Information Reported To:	Rank/Title	Name	Shield No.	Command
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Preferred Method of Report Delivery (Choose One):

Email <input type="checkbox"/> Email Address:	Mail <input type="checkbox"/> Check if Mailing Address is the Same as Above <input type="checkbox"/> Mailing Address:
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Full Name: (PRINT)	Signature:	Date
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**AUTHORIZATION LETTER FOR A VERIFICATION OF COMPLAINT REPORT
FOR DESIGNATING AN AUTHORIZED REPRESENTATIVE OR AN AUTHORIZED THIRD PARTY**

ONLY COMPLETE THIS PAGE IF YOU'RE DESIGNATING SOMEONE OTHER THAN YOURSELF TO OBTAIN THIS REPORT. MUST BE NOTARIZED AND SUBMITTED WITHIN 30 DAYS OF NOTARIZATION.

Full Name of Complainant/Victim as Reported to Police:	Address of Complainant/Victim as Reported to Police:
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Email Address of Complainant/Victim:

Date of Incident: <i>(mm/dd/yyyy)</i>	Precinct of Report:	Exact Location Where Incident Took Place:
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Full Name of Authorized Representative:	Address of Authorized Representative:
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Email Address of Authorized Representative:

To: New York City Police Department
Attn: Criminal Records Unit (Verification Unit)
One Police Plaza, 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 **REQUEST FOR VERIFICATION OF A COMPLAINT REPORT (PD 542-062)** 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 regard 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 Name: <small>(PRINT)</small>	Complainant/Victim Signature:	Date:
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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]