



VERIFICATION OF CRIME/LOST PROPERTY
 PD 542-061 (Rev. 05-19)

Requests for Verification of Crime/Lost Property reports from Complainants/Victims, their authorized representative, or an authorized third party will be completed free of charge. Complainants/Victims designating an authorized representative must also complete and submit a notarized AUTHORIZATION LETTER [page 2]. All applicants must enclose a stamped self-addressed envelope. Please mail requests to New York City Police Department, Criminal Records Section (Verification Unit), 1 Police Plaza, Room 303, New York, NY 10038. Complainants/Victims can also request a copy of a Verification of Crime/Lost Property report by submitting their request online at <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>. In order to find this record you MUST furnish all information requested below, particularly the complaint number and precinct of record (occurrence). Verification of your request cannot be made without this information. The complaint number may be obtained by calling the precinct or detective squad concerned during the hours of 7 a.m. to Midnight.

CRS# 5226
09/25/2020

FOR USE BY NYPD

* Complaint Number 2008-103-002761	* Precinct of Report 103	Exact location where crime took place INSIDE OF 88-25 163 STREET
Mail Record To: HARRY HOME CARE EMPLOYMENT AGENCY (Print or Type) 88-25 163 STREET JAMAICA NEW YORK 11432		Full name and address of complainant/victim as reported to Police Department HARRY HOME CARE EMPLOYMENT AGENCY
Date reported to 04/02/2008	Time (if known) 1130	This report concerns: <input checked="" type="checkbox"/> Crime <input type="checkbox"/> Lost Property <input type="checkbox"/> Other (describe) BURGLARY
Date and Time of Crime / Loss of Property (if different than date of report)	Date 04/02/2008	Time 0900
Name of officer who received your report, if known. PO BRUTUS		

Any additional information which may aid in searching for your record

Applicant's Name HARRY DORVILIER	Applicant's Signature	Date 9/17/2020
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FOR POLICE DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE
 THE FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST INCLUDING PROPERTY INVOLVED

BURGLARY / OTHER

AT TPO V/C STATES THAT WHNE HIS EIMPLOYEES OPENED UP ABOVE LOCATION THEY FOUND LISTED PROPERTY MISSING, NO FORCED ENTRY V/C STATES ONLY EMPLOYEES HAVE KEYS AND THAT NO OTHER PROPERTY WAS REMOVED V/C FURTHER

PROPERTY: Complaint #2008-103-002761 Lost/Stolen/Found:
 STOLEN

Item Property Category: Owner Identification Num: Qty Description Serial # Property Type \$ Stolen \$ Recovered

1. BUSINESS NONE 1. ELL COMPUTER-HELD ALL EMPLOYEES PERSONAL INFO&CK WRITING PROPERTY ELECTRONICS 1. 0.

2. BUSINESS NONE 1. HELD ALL PATIENTS PERSONAL INFO 0. 0.

TOTAL VALUES: STOLEN \$ 1. RECOVERED \$ 0.

**NEW YORK CITY POLICE DEPARTMENT
 CRIMINAL RECORDS SECTION
 1 POLICE PLAZA - ROOM 303
 NEW YORK, NEW YORK 10038**

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Raised seal required for validation

Alarm No.	Report verified by (print title, name/sign) PAA BECTON	Date 9/25/2020
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LETTER OF AUTHORIZATION FOR VERIFICATION OF CRIME/LOST PROPERTY REQUEST
(Only complete if designating an authorized representative)

Complainant/Victim's Name: _____

Address: _____

Date of Occurrence: _____

Precinct of Occurrence: _____

Location Crime/Loss Occurred: _____

Name of Authorized Representative: _____

Authorized Representative's Address: _____

To: New York City Police Department, Criminal Records Section (Verification Unit)
1 Police Plaza, Room 303, 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 crime/lost property information from the New York City Police Department in connection with the above-captioned occurrence and the accompanying completed Verification of Crime/Lost Property (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.

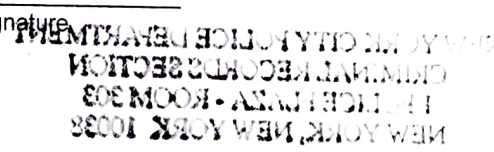
I understand that when releasing information to the authorized representative, the New York City Police Department has no authority to control the future use or dissemination of this information. Therefore, I release the New York City Police Department, the City of New York and any officers, agents, 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.

[Affix Notary Stamp]

Notary Signature _____



Date: _____

Welcome to _____

(Command)

(Address)

(Telephone No.)

We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number(s):

103 Lt 718-657-8220 (Dezere Ste)

Complaint Report No.: 2761

Accident Report No.: _____

Aided Report No.: _____

Reported to: Po Shelton

(Rank) (Name)

Date of Occurrence: 4/16/88

Time: 8:30pm

Location of Occurrence: 88-25-163 ST

(Shield No.)

Crime: Burglary

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to

contact us at telephone number _____

. Please let us know if you have any suggestions on how we can

better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business.

Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY — PROFESSIONALISM — RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!!