

New York State Intelligence Center
[REDACTED]
Latham, New York 12110



Main: [REDACTED]
FAX: [REDACTED]
Toll-free: [REDACTED]

REQUEST FOR INFORMATION FORM

DATE & TIME OF REQUEST		MEMBER/ANALYST ASSIGNED	
RICS Control #:		Rank:	
Received/Entered By:		Last Name:	
Date:	Time:	Tax / SS#:	
REQUESTOR'S INFORMATION			
Agency Name and ORI:	NY03030C9	Command/Unit:	Child Exploit T/F
Workplace (Full Address):	26 Federal Plaza, New York, NY 10278		
Last Name		First Name:	
Tax # NYPD Only:		SSN:	
Office #:		Fax #:	
TZS/Pct. Of Occ.:	Compl#:	Case#:	31E-NY-302870
Supervisor's Rank/Full Name:	LT	Phone Number:	
SUBJECT INFORMATION			
Last Name:	First Name:	Middle:	Aliases:
DOB:	Age:	Sex:	Race:
Bldg#	Street:	Apt:	City:
State:	ZIP Code:	Tel#	SSN#
Driver License#:	State/Country:	Arrest:	
FBI#:	NYSID#:	Other State SID#:	
BUSINESS LOCATION & FINANCIAL INFORMATION			
Business Name:	Bldg:	Street:	
City	State:	Zip Code	Tel#:
Last Name:	First Name:	(Circle One) Owner/Mgr/Employee	
Tax ID#:	Financial Institution:	Account Type:	
VEHICLE INFORMATION			
Plate #:	State/Country:	MA	Year: 19
No. Doors/Body Style:	Color:	Gray	VIN#:
REMARKS			
What have you (Requestor) done?			
What needs to be done by NYSIC personnel?			
I am requesting the assistance of the NYSP regarding a CIAS check as well as NYSP , LPR's,.			
.			
EMAIL Request to NYSIC: ciu@nysic.ny.gov OR			

FAX Request to NYSIC: [REDACTED] (You MUST call [REDACTED] to verify that your FAX was received!)