



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	Investigation Type:
Workplace (Full Address):	26 Federal Plaza, New York, NY 10278			
Last Name	██████████	First Name:	██████████	Rank/Title: Detective
Tax # NYPD Only:	██████████	SSN:	Date of Appointment:	
Office #:	██████████	Fax #:	██████████	Pin:
TZS/Pet. Of Occ.:	Compl#:	Case#:	31E-NY-302870	Conferred w/ Requestor Date: Time:
Supervisor's Rank/Full Name:	LT	██████████	Phone Number:	██████████
SUBJECT INFORMATION				
Last Name:	First Name:	Middle:	Aliases:	
DOB:	Age:	Sex	Race:	POB:
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,.				
<p>.</p> <p>EMAIL Request to NYSIC: ciu@nysic.ny.gov OR</p>				

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