

NOTARIZED IDENTITY VERIFICATION

TO: RECORDS BUREAU
PLATTSBURGH POLICE DEPARTMENT
45 PINE STREET
PLATTSBURGH NY 12901
(518)563-3411
records@plattsburghpd.com

PRINT NAME: _____ DOB: _____
(First Name, Middle Name, Last Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

I, _____ am looking to obtain a record(s) from the PLATTSBURGH POLICE
(Name)

DEPARTMENT for _____

(Offense or description of record)

dated on or about _____ .
(Date(s))

I HEREBY REPRESENT THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature: _____
(Sign in the Presence of a Notary)

FOR USE OF NOTARY PUBLIC ONLY

I hereby certify that on this _____ day of _____, 20____ Personally appeared before me the signer and subject of the above form, who signed and attested to the same in my presence, and presented one of the following forms of identification as proof of his or her identity:

- Driver's License or Government Issued Identification Card
- U.S. Passport
- Social Security Card
- Birth Certificate
- Other: _____
(Provide Description)

Notary Public: _____
(Print Name)

Notary Signature: _____

Commission Expiration: _____



Reserved for Notary Seal