

New York State Intelligence Center

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: _____		Command/Unit: _____	Investigation Type: _____
Workplace (Full Address): _____		Sex Trafficking _____	
Last Name: _____		First Name: _____	Rank/Title: _____
Tax # NYPD Only: _____	SSN: _____	Date of Appointment: _____	
Office #: _____	Fax #: _____	Pager/Cell#: _____	Pin: _____
TZS/Pct. Of Occ.: _____	Compl#: _____	Case#: _____	Conferred w/ Requestor Date: _____
Supervisor's Rank/Full Name: _____		31E-NY-302870	Time: _____
Phone Number: _____			
SUBJECT INFORMATION			
Last Name: _____		First Name: _____	Middle: _____
Aliases: _____			
DOB: _____	Age: _____	Sex: _____	Race: _____
POB: _____		Gang Name: _____	
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: _____
Make: _____		Model: _____	
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			

EFTA00038391

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