

EMPIRE CORPORATE AND INFORMATION SERVICES, INC.
46 State Street, 2nd Floor, Albany, New York 12207 800 342-2404 fax 800 545-2890

ACCIDENT REPORTS *REQUEST FORM* Date _____

From _____ acct# _____ ref. _____

attn: _____

tele# _____ fax# _____

mailing instructions _____ Reg. Mail _____ Fax _____ Federal Express _____

*****THE FOLLOWING REQUESTS ARE ONLY AVAILABLE IN CERTIFIED COPIES
ACCIDENT REPORTS ARE ONLY AVAILABLE 4 YEARS FROM DATE OF ACCI.
Please check the appropriate spaces *IMPORTANT* provide all info. avail**

_____**SAME DAY SERVICE REQUESTED (RUSH FEES APPLY)**

_____**POLICE ONLY** ___ NYSP ___ NYC- Precinct# _____ Acci.# _____

_____**POLICE AND ALL MOTORISTS** DATE of Acci. _____

_____**ALL MOTORISTS** MV case# _____

_____**JUST THE MOTORISTS THAT ARE LISTED BELOW:**

LAST NAME FIRST NAME DOB ***IMPORTANT**

1. _____ / / _____ ***PLATE#** _____

2. _____ / / _____ ***PLATE#** _____

******IMPORTANT******

FEDERAL LAW REQUIRES YOU TO DISCLOSE WHAT TYPE OF BUSINESS YOU CONDUCT AND WHY YOU ARE REQUESTING THIS SEARCH. RECORDS MUST BE KEPT FOR 5 YEARS.

Business type: _____ Attorney _____ Private invest. _____ Other _____

REASON FOR SEARCH

Attorneys with pending case please provide case#/or Index# _____

I certify that I have read the Department of Motor Vehicles Drivers's Privacy Act (DPPA). I agree to abide by the New York State Motor Vehicle regulations regarding the confidentiality of the usage of this information.

I certify that all information is being used for lawful and legitimate purposes and will not request or use such information for purposes prohibited by law . All such information will be maintained by requester in strict confidence and disclosed only to employees whose duties reasonably relate to the legitimate business purpose for which the information is requested and will not sell or otherwise distribute to third parties and information received herein, except when required by law. I have read and will comply with all provisions of 18 U.S.C. Section 2721.

Signature required _____ Print name _____