

Forms are to be delivered or faxed daily to the:
 Schenectady Police Department
 Fax #: 374-3401



SCHENECTADY POLICE DEPARTMENT
 Second Hand Dealer
 Record of Purchase Log



Print Clearly!

Customer Name		Last Name		First Name		Middle Initial		Identification Provided									
→								<input type="checkbox"/> New York State Drivers License <input type="checkbox"/> New York State Identification Card									
Current Address		Address		Apt		<input type="checkbox"/> Other: (specify)		Identification Number									
→																	
City, & State		City		State		Zip Code											
→																	
Phone		Area Code		Telephone #		Race		Sex		Hgt		Wgt		Hair		Date of Birth	
→																	

Quantity	Name of Property -- Full Description (Brand, Model, Size, Color, Stones, Setting, etc.)	Serial Number (Note if number has been defaced)	In Original Manufacturers Packaging	Amount paid to Customer
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Customer Signature:	Dealer Signature:	Date:
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WARNING: USE OF A FALSE NAME OR IDENTIFICATION TO SELL STOLEN PROPERTY CONSTITUTES A FELONY AND VIOLATORS WILL BE PROSECUTED.

Business Name:

Business Address: