



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:	Child Exploitation	
Workplace (Full Address):	26 Federal Plaza, New York, NY 10278					
Last Name	_____	First Name:	_____	Rank/Title:	Detective	
Tax # NYPD Only:	_____	SSN:	Date of Appointment:			08/30/1993
Office #:	_____	Fax #:	_____	Pager/Cell#:	_____	Pin:
TZS/Pet. Of Occ.:	Compl#:	Case#:	2017-212	Conferred w/ Requestor Date:	_____	Time:
Supervisor's Rank/Full Name:	LT	Phone Number:			_____	
SUBJECT INFORMATION						
Last Name:	Borgerson	First Name:	Scott	Middle:	G Aliases:	
DOB:	Age: 44	Sex: M	Race: W	POB:	Gang Name:	
Bldg#	Street:	Apt:		City:		
State:	ZIP Code:	Tel#:		SSN#:		
Driver License#:	_____	State/Country:	MA	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:	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 a CIAS search of the above named male for the past one year.						

EMAIL Request to NYSIC: ciu@nysic.ny.gov OR						
FAX Request to NYSIC: [REDACTED] (You MUST call [REDACTED] to verify that your FAX was received!)						