



DISTRICT ATTORNEY
WILLIAM J. FITZPATRICK

PROJECT SAFE-SCHOOLS

Request for Payment

To: Inv. John Toomey
D.A. Investigations Bureau
Office: 435-3916 x4306
Cell: 575-7223

Date: _____

DR #: _____

I, _____, a police officer with the
_____ (Dept.) hereby request payment in the amount of
\$_____ to be paid to _____

[] (check if anonymous source), D.O.B. _____, in exchange for information received
which led to the recovery of _____
_____ (describe weapon).

Comments: _____

*False statements made herein are punishable as a Class A Misdemeanor pursuant to
Section 210.45 of the Penal Law of the State of New York.*

AFFIRMED UNDER PENALTY OF PERJURY

Print Name: _____

Signature: _____

NOTE: Forward completed "Request for Payment" form and a copy of your department's police
report or internal memo regarding the incident to:

Inv. John Toomey
Onondaga County D.A.'s Office
505 South State Street, 4th Fl.
Syracuse, NY 13202