



New York State Division of Criminal Justice Services
1033 Federal Excess Property Program
Office of Public Safety
80 South Swan Street, Albany, New York 12210

PROPERTY REQUEST JUSTIFICATION FORM

Request must be faxed to the State Coordinator
Fax# 518-485-7639

New York Law Enforcement Agency (NYLEA):

Address:

Telephone #:

FAX #:

Jurisdiction:

Square miles:

Population:

Chief Executive Officer (CEO):

Telephone # (work):

Telephone # (cell):

Property Accountability Officer (PAO):

Telephone # (work):

Telephone # (cell):

Number of compensated sworn police officers: Full Time:

Part Time:

PROPERTY REQUESTED:

The ordering of Boats/Watercraft, Armored Personnel Carriers (APC), High Mobility Multi Purpose Wheeled Vehicles (HMMWV) and other types of vehicles will be limited to one per NYLEA. However, NYLEAs requiring additional quantities must articulate the need in this request. LESOs consideration for approval for this property is based on a first come/first serve basis.

☐ **BOATS/WATERCRAFT:** Quantity Requested: Identify navigable waterway(s):

Size:

Number of Marine Patrol Officers:

NSN#:

☐ **APCs:** Quantity Requested: NSN#:

☐ **HMMWVs:** Quantity Requested: NSN#:

☐ **All other types of Vehicles:** Quantity Requested: NSN#:

☐ **Night Vision Devices (NVDs):** Quantity Requested: NSN#:

☐ **Infrared Aiming Lights/ Specialized Weapons Optics:** Quantity Requested: NSN#:

1. The specific intended use of the property is: (Please include specific law enforcement need and location of where item will be stored)

2. The impact the requested property will have on the jurisdiction will be:

3. Additional information for request:

I certify that I have read, understand and agree to comply with the terms and conditions outlined in the State Plan of Operation and the Memorandum of Agreements between the Defense Logistics Agency (DLA) and New York State (NYS) and NYS and my agency.

CEO Name

CEO Signature

Date

PAO Name

PAO Signature

Date

For Use by State Coordinator

Items Approved:

☐ **BOATS/WATERCRAFT:** Quantity: _____

☐ **APC's:** Quantity: _____

☐ **HMMWV's:** Quantity: _____

☐ **Other types of Vehicles:** Item(s): _____

Quantity: _____

☐ **NVDs:** Quantity: _____

☐ **Infrared Aiming Lights/Special Weapons Optics:** Quantity: _____

State Coordinator (Designee) Signature : _____

Date: _____