

CITY OF KINGSTON

Police Department

police@kingston-ny.gov

Egidio F. Tinti, Chief of Police



Steven T. Noble, Mayor

LEVEL 3 SEX OFFENDER

90-DAY VERIFICATION FORM

IF ADDRESS HAS CHANGED YOU MUST USE NYS SEX OFFENDER FORM (SCJS-3231)

OFFENDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PHONE NUMBER: _____

CELL NUMBER: _____

VEHICLE PLATE #: _____

EMAIL ADDRESS(ES) AND SCREEN

NAME(S): _____

SIGNATURE: _____

VERIFICATION INFORMATION – TO BE COMPLETED BY POLICE PERSONNEL

DATE: _____

HOW VERIFIED: _____

NAME AND SHIELD # OF OFFICER ACCEPTING

VERIFICATION: _____

SIGNATURE OF OFFICER: _____

Questions pertaining to Sex Offender Management contact Detective Timothy Bowers @ 845-943-5730 or call the New York State Sex Offender Registry at 518-457-3167