

# 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

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

VEHICLE PLATE #: \_\_\_\_\_

### EMAIL ADDRESS(ES) AND SCREEN

NAME(S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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### 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