



POLICE REFERRAL FORM

IN ORDER FOR THE STATE LIQUOR AUTHORITY TO PROPERLY EVALUATE AND DETERMINE THE APPROPRIATE COURSE OF ACTION ON THIS REFERRAL IT IS NECESSARY THAT THE REPORTING OFFICER/AGENCY SUBMIT COPIES OF ALL ARREST REPORT/S; INCIDENT REPORTS; SUPPLEMENTAL REPORTS; WRITTEN STATEMENTS AND AFFIDAVITS; VERBAL ADMISSION FORMS; DRUG BUY SHEETS; LAB/FIELD TEST REPORTS; NAMES ADDRESSES AND PHONE NUMBERS OF WITNESSES; AND ANY OTHER PERTINENT DOCUMENT/S OR INFORMATION WITH THE REFERRAL

TO: SLAreferralszone2@sla.ny.gov

Date: _____

Information from License Certificate			
License Serial# (Upper left corner)			
Name of Licensee		DBA (Trade Name)	
Address of Premises			Certificate # (Lower Right corner)
Date and Time of Violation	Name of Person in Charge and Title (Licensee, Manager, Bartender, Etc)		

Status of Investigation: <input type="checkbox"/> Open <input type="checkbox"/> Closed		Supporting Documents Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, explain why and date of approximate availability.	
Department:		Officers directly involved:	
Address:			
City, Town or Village		Phone #	Fax #