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New York State Division of Criminal Justice Services

Office of Justice Research and Performance

Official Agency Contact Information

Please provide contact information for each of the following areas

Agency Name		**Phone No**	

County	

Agency Head:

Name		**Title:**	

Phone No		**Email Address**	

Crime Reporting Contacts: (please check one)

☐ **UCR Agency** ☐ **IBR Agency**

Name		**Title:**	

Phone No		**Email Address**	

Domestic Incident Reporting (DIR) Contact:

Name		**Title:**	

Phone No		**Email Address**	

Juvenile Officer Contact:

Name		**Title:**	

Phone No		**Email Address**	