



**POLICE DEPARTMENT
COUNTY OF NASSAU, NEW YORK**

INTERNAL CORRESPONDENCE

DATE: June 08, 2017 **SNCC NO:**
TO: Commissioner of Police (Through Official Channels)
FROM: Police Officer Name, Shield Number, Serial Number
SUBJECT: Request for I-Number

1. I participated in rescue, recovery or cleanup operations following the September 11, 2001 terrorist attacks at the World Trade Center site and meet all the requirements of the World Trade Center Presumption Law.
2. As a result of my participation I suffer from ...
3. Pursuant to the Memorandum of agreement dated April 20, 2017, between the Nassau County PBA and Nassau County, I respectfully request an I-Number to be assigned to these medical conditions.

(Name)
Police Officer

ENDORSED	/	DATE
DEPUTY C.O. C.O. C.O.P.		