

# Nassau County



# Police Department

**EDWARD P. MANGANO**  
COUNTY EXECUTIVE

1490 Franklin Avenue  
Mineola, New York 11501  
(516) 573-7000

**LAWRENCE W. MULVEY**  
COMMISSIONER

Date  
Clinical Information Services  
New York State Office of Mental Hygiene  
44 Holland Avenue  
Albany, New York 12208

Dear Sir or Madam:

The following described person has made application to this Department for a pistol license:

Name: \_\_\_\_\_

If female, enter maiden name and names from previous marriages below.

\_\_\_\_\_

Nicknames / Aliases: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In accordance with the provisions of Section 400 of the Penal Law of the State of New York, it is requested that the undersigned be advised whether or not your records reflect any present or previous mental illness and any other information that you may have concerning the subject.

Sincerely yours,

Commanding Officer  
Pistol License Section