



**Security and Safety Service
New York**

LOST GROUNDS PASS REPORT

THIS FORM MUST BE COMPLETED AND ATTACHED WITH THE NEW APPLICATION FOR GROUNDS PASS

Section 1 - GENERAL INFORMATION - TO BE COMPLETED BY APPLICANT

FIRST NAME :	M. I. :	LAST NAME :
Date of Birth:	Mission/Organisation :	
Address of Mission :		
Position :	Exp. Date of Pass :	
Signature of the Applicant :		
Date :		
Circumstances & Place of Loss :		

Section 2 - TO BE COMPLETED BY PASS & IDENTIFICATION UNIT

Investigator : _____

Exp. Date on New ID :	Duplicate ID Issued on :	Pass Issued By: