



Simulator Receipt

Date: 11/ 7/2019

Receiving Agency: Hudson Falls Village PD

Replacement for: S/N REPCO 2k 1868

Additional

I hereby acknowledge receipt from the New York State Division of Criminal Justice Services (DCJS), the following Simulator(s). I further acknowledge that this instrument is being provided on an indefinite loan through funding provided by New York State, and that title to these instruments remains in DCJS. Upon request, this instrument will be returned to DCJS within 5 business days.

<u>INSTRUMENT</u>	<u>SERIAL #</u>
Guth-Model 12V500	MP5219

Name (Please Print): Sgt J. Gillis

Signature: [Handwritten Signature]

Title/Agency: Chief of Police - Hudson Falls Police Dept.

Please sign, date and return one copy to the attention of:
Jonathan Mascolo – Highway Safety Technology Unit
NYS DCJS – Office of Public Safety
80 South Swan Street
Albany, NY 12210
Fax – 518-457-6869