



Simulator Receipt

Date: 7/23/2018

Receiving Agency: Warren County Sheriff's Office

Replacement for: S/N--Repc0 2K #2210 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	MP4832

Name (Please Print): RYAN SCHROECK

Signature: *PO [Signature]*

Title/Agency: PATRGL OFFICER - WCSG

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