**Cheektowaga Police Patch Request**

**Selection Criteria:**

**Current or Retired LE:**

The Cheektowaga Police Department (CPD) will honor requests for uniform shoulder patches from sworn law enforcement personnel (active or retired) in the United States. Due to security reasons we will not honor any patch request from outside the continental United States or Canada.

Active sworn officers must submit a written request on their departmental letterhead to CPD. Retired sworn officers must submit a copy of their retired credentials to CPD.

Mail all completed documents along with your name and complete mailing address to:

Cheektowaga Police Department

Attn: PO Gawronski

3223 Union Rd

Cheektowaga, NY 14225

Please allow 2-3 weeks for delivery.

**Collectors:**

Patch collectors must submit a copy of valid government issued ID along with a signed and notarized copy of the Cheektowaga Police patch request form. Any supporting documents may also be submitted for consideration of approval, such as a photograph of your current patch collection on display.

Please note that these patches are for collector's use only. Anyone using the shoulder patch to impersonate a police officer will be prosecuted to the fullest extent of the law. These shoulder patches are copyrighted and any unauthorized duplication of the shoulder patch will result in prosecution.

Mail all completed documents along with your name and complete mailing address to:

Cheektowaga Police Department

Attn: PO Gawronski

3223 Union Rd

Cheektowaga, NY 14225

After a review we will contact you with an approval or rejection. If approved Please allow 2-3 weeks for delivery.

I, , DOB , Phone Number , SS# , currently residing at , in the of , do hereby swear and attest to the following;

1. I hereby request that I be granted possession of a Town of Cheektowaga Police Department Official Patch.

2. In consideration of the Cheektowaga Police Department providing a patch to me, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by any person in relation to my possession of the Cheektowaga Police Department official patch.

3. I am acquiring the patch solely for my own account and for my personal use only, and not with a view to or for the resale or distribution thereof, and I have no present intent to enter into any contract, undertaking, agreement or arrangement for any such purpose.

4. I will not use the shoulder patch to impersonate a police officer, and I understand I will be prosecuted to the fullest extent of the law if I do so.

5. I am making this statement to the Cheektowaga Police Department without having received any threats or promises from any member of the Cheektowaga Police Department regarding this matter. I give this statement of my own free will. I swear that it is true and accurate to the best of my knowledge and recollection. I understand that false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

 Applicant Signature (Print Name)

State of .

County of .

Acknowledged before me this day of , 20 .

Notary Public .

My Commission expires