



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
201 East 69th Street
New York, New York 10021

In Reply, Please Refer to
File No.

NY-36

October 17, 1972

RECORDS FURNISHED TO SA [redacted]
ON OCT 31

[redacted]

New York Telephone Company
140 West Street
New York, New York 10007

Dear [redacted]

In connection with an official investigation being conducted by Special Agent [redacted] of this office, it is requested that information be furnished concerning toll calls charged to 865-7815 during past six months. This number is reported to be listed to:

EDWARD SAID
90 Morningside Drive
New York, New York

b7C

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 4/1/04 BY 60322/UCS/STP/RNP

Your personal attention in protecting the confidential nature of our inquiry in this matter is greatly appreciated and I wish to express my thanks for your cooperation.

Very truly yours,

John F. Malone
JOHN F. MALONE
ASSISTANT DIRECTOR IN CHARGE NEW YORK

SEARCHED INDEXED
SERIALIZED FILED
OCT 31 1972

3M REC. 68 (REV. 1/71)

Pella & Credit

Rec'd 10/19/65
N.Y. TEL. CO.

REQUEST FROM SECURITY OFFICE FOR ACCOUNT INFORMATION

RETURN SAME DAY

INFORMATION REQUIRED IN ANSWER TO A SUBPOENA

INFORMATION REQUIRED BY LAW ENFORCEMENT AGENCY

If there are no tolls please send copy of statement stating "no calls or telegrams"

DATE: 10-19

MANAGER: 865 BUSINESS OFFICE, _____ AREA CODE

ADDRESS: _____

PLEASE FURNISH THE FOLLOWING INFORMATION

ASSOCIATED WITH TELEPHONE NUMBER 865-7815

✓ MAIN LISTING: SAID E. U. NON-PUB.: YES NO

✓ ADDRESS: 90 MORNINGSIDES DR.

✓ ADDITIONAL LISTINGS: none

✓ BILLING NAME & ADDRESS: SM

✓ CONN. DATE: 4-23-69 DEPOSIT: none REFUND DATE: _____

✓ TYPE OF SERVICE: IMR EQUIPMENT: _____

✓ IF DISCONNECTED, DATE: _____ FINAL BILL SENT TO: _____

✓ EMPLOYER/OFFICERS IF BUSINESS: Columbia Univ

✓ OCCUPATION/TYPE OF BUSINESS: Professor

✓ BANK: F.N.C. Bank 111 & Bway

TOLL RECORDS NECESSARY *No Sept. bills in office*

SEND (ORIGINAL) (DUPLICATED) COPY OF TOLL STATEMENTS FOR PERIOD FROM 3-72

TO 9-72

PLEASE RETURN TO: C.P. 105-120604-7

(Name) C.P.
(Address) 5090 Bw

(Tel. No.) _____
 SEARCHED _____
 SERIALIZED RD
 INDEXED _____
 FILED _____
 Completed by _____
 Representative _____

140 WEST STREET
ROOM 1627
NEW YORK, NEW YORK

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