

**PA AGGRESSIVE DRIVING ENFORCEMENT & EDUCATION PROJECT**

**CONTACT FORM**

*PLEASE PRINT OR TYPE ALL INFORMATION*

**CONTACT INFORMATION:**

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Officers: \_\_\_\_\_ County: \_\_\_\_\_

**CHIEF/OIC** or Department Designee: \_\_\_\_\_  
(Title – First Name – Last Name)

**PLEASE SIGN** same as above: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**DEPARTMENT PROJECT COORDINATOR** (contact person) \_\_\_\_\_  
(Title – First Name – Last Name)

**PLEASE SIGN** same as above: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ELECTED OFFICIAL** or Designee: such as Grants Administrator for Municipality (must be able to legally sign grants, contracts, etc.)

**Name & Title:** \_\_\_\_\_  
(Title – First Name – Last Name)

**PLEASE SIGN** same as above: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**FISCAL OFFICER** – Treasurer, Municipal Executive, Payroll Administrator, or whoever prepares payroll for your department – **cannot be Police Officer** (checks will be sent directly to their attention)

**Name & Title:** \_\_\_\_\_  
(Title – First Name – Last Name)

**PLEASE SIGN** same as above: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Reimbursement can ONLY be made to the municipality. Please list the correct name and address of the Municipality where the check is to be mailed. The check will be sent to the attention of the Fiscal Officer, unless otherwise specified:*

\_\_\_\_\_  
(Municipality Name where check will be mailed – **CANNOT BE A POLICE DEPT**)

\_\_\_\_\_  
(Municipality Address where check will be mailed)