

COURSE REQUEST FORM

HOST AGENCY DATA

Host Police Department or Agency Name:

Type of Agency:

- POLICE-Borough
- POLICE-City
- POLICE-County
- POLICE-Federal
- POLICE-Military
- POLICE-Regional
- POLICE-State
- POLICE-Township
- POLICE-University
- SHERIFF
- TRAINING CENTER
- OTHER _____

**TO INSURE ACCURACY - PLEASE
COMPLETE ALL AREAS**

ORI No.

Street Address/P.O. Box No.

County:

City:

State:

Zip Code:

Dept./Agency Phone 1:

Dept./Agency Phone 2:

Fax:

Agency Web Page:

Agency E-mail:

HEAD OF AGENCY DATA

Rank or Title:

First Name:

MI:

Last Name:

E-mail:

CONTACT PERSON

Rank or Title:

First Name:

MI:

Last Name:

Home Address:

City:

State:

Zip Code:

County (Home):

Home Phone:

Home Fax:

Cellular:

Pager:

Primary Address for Correspondence:

- WORK HOME

Primary Number for Contact:

- WORK HOME CELLULAR PAGER E-MAIL

E-mail:

COURSE REQUESTED

Course No.	Course Name	Start Date (mm/dd/yy) FIRST CHOICE	Start Date (mm/dd/yy) SECOND CHOICE	Start Date (mm/dd/yy) THIRD CHOICE

NOTE: Provide dates a minimum of 60 days prior. If the dates listed above are not available, you will be contacted to arrange an alternate date.

CLASS SITE DATA

Name of the facility where the class will be held:

Street Address:

County:

City:

State:

Zip Code:

Site Contact Person Name and Title:

Site Phone:

Site Fax:

Contact Home:

E-mail:

MOTEL DATA - Please provide directions to and from motels to class site. Please list three motels.

Motel Name	Street Address and City	Phone	State Rate	Rate as of

I request that the above course be scheduled and verify that the _____ (Agency Name) will abide by the requirements for the host agency as provided by the Institute for Law Enforcement Education for the operation of this class.

ILEE Class Approval:

Date:

Signature of Chief of Police or Agency Director