

U.S. DEPARTMENT OF JUSTICE OFFICE OF COMMUNITY ORIENTED POLICING SERVICES



145 N Street NE, Washington, DC 20530

Change of Information Form

If you need to let the COPS Office know about changes or corrections, please type or print the information on this sheet and submit it to the COPS Office. In addition to the changed or corrected information, always indicate your organization's name on this sheet. Changes in the law enforcement and/or government executives will not relieve the grantee entity of its obligations under this grant.

ganization's Legal Name		ORI Number		Date
Law Enforcement Executive/Program				
First Name	Last Na	Last Name		
Title				
P.O. Box / Suite / Room Number				
City	State	State Zip		
Phone	Fax	Fax		
E-Mail Address				
Government Executive/Financial Office	cial Information			
First Name	Last Na	Last Name		
Title	<u>'</u>			
P.O. Box / Suite / Room Number				
City	State		Zip	
Phone	Fax	Fax		
E-Mail Address	I			
Point of Contact Information (Individual	dual Submitting For	m)		
First Name	Last N	Last Name		
Title	1			
E Mail Address				