

**BUCKLE UP PA ENFORCEMENT AND 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)