

ATTACHMENT G
PA AGGRESSIVE DRIVING ENFORCEMENT AND EDUCATION PROJECT
CONDITIONS OF AGREEMENT SIGNATURE AND CONTACT FORM

CONTACT INFORMATION:

DATE: _____

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 Fiscal Officer, unless otherwise specified:

(Municipality Name where check will be mailed — *CANNOT BE A POLICE DEPT*)

(Municipality Address where check will be mailed)