



**HOTSINPILLER**  
MEMORIAL FOUNDATION

## **HOTSINPILLER FOUNDATION AGENCY REQUEST FORM**

**Applicant Name (full name, including maiden name if applicable):**

\_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Government Agency / Law Enforcement Department:** \_\_\_\_\_

**Agency/Department address:** \_\_\_\_\_

\_\_\_\_\_

**Nature of Request (Specify the equipment and/or training request):**

\_\_\_\_\_

**Reason for Request (Please provide relevant details, including other agency / departmental funding sources.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Total Cost of Equipment and/or Training: \$** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Publication Consent - Circle One:**

**Signature :** \_\_\_\_\_

**YES      NO**