



COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

# 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.

Organization's Legal Name	ORI Number	Date
Contact First Name & Last Name		Title

Contact Information	
POC First Name	POC Last Name
POC Title	

Law Enforcement Executive Information		
First Name	Last Name	
Title		
P.O. Box / Suite / Room Number		
City	State	Zip
Phone	Fax	
E-Mail Address		

Government Executive Information		
First Name	Last Name	
Title		
P.O. Box / Suite / Room Number		
City	State	Zip
Phone	Fax	
E-Mail Address		

Point of Contact Information (Individual Submitting Form)	
First Name	Last Name
Title	
E-Mail Address	

Please return this completed form via fax to 202.616.8594, or mail it to:

1100 Vermont Avenue, NW  
Washington, DC 20530  
Attention: Response Center

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