



Equipment Donation Request for Arkansas Law Enforcement Agencies

Please Provide the Following:

Agency Name: _____

Chief or Sheriff's Name: _____

Contact Person's Rank & Name: _____

Address: _____

City: _____ Zip Code: _____

Agency Telephone Number: _____ Fax: _____

Contact Persons's Email Address: _____

Please Provide the Following Agency Information:

Total number of full-time employees: _____

Total number of Sworn Law Enforcement Personnel: _____

Equipment Requested: (include quantity) _____

Please identify how this equipment will benefit your agency:

Please mail or fax this form to:

Attention: Allison Hoffman
Criminal Justice Institute—University of Arkansas System
7723 Colonel Glenn Road
Little Rock, Arkansas 72204
Telephone: (501) 570-8061 or (800) 635-6310
Fax: (501) 565-3081