

RED RIVER DELTA LAW ENFORCEMENT
PLANNING COUNCIL, INC.

APPLICATION INFORMATION FORM
(Please complete each line)

PROJECT TITLE: _____

APPLICANT AGENCY: _____

AUTHORIZED OFFICIAL: _____
(Sheriff, Mayor, Chief Judge, DA)

CONTACT PERSON: _____

CONTACT ADDRESS: _____
(Street/PO Box, City, Zip)

CONTACT PHONE NUMBER: _____

CONTACT FAX NUMBER: _____

CONTACT EMAIL ADDRESS: _____

DUNS NUMBER: _____

CAGE/CCR NUMBER: _____

CAGE/CCR EXPIRATION DATE: _____