

# LE First Responders Kits4Kids Unit Request

Please complete this form if you are interested in Kits4Kids units for your department.

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

Department Head: \_\_\_\_\_

Contact Name and Title\*(required):

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Department Name and Address\*(required):

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone\*(required): \_\_\_\_\_

Email\*(required): \_\_\_\_\_

# of officers in your department: \_\_\_\_\_

Where do your officers receive training? \_\_\_\_\_

# of previous E-UP (K4K) training participants (Human Connect): \_\_\_\_\_

# of Kits4Kids units requested: \_\_\_\_\_

Sponsorship needed to pay for kits? *Yes or No*

Able to pay for kits? *Yes or No*

Comments or Questions:

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