



COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

# Change of Information Sheet

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 of grant executives will not relieve the grantee entity of its obligations under this grant.**

Organization's Legal Name: \_\_\_\_\_

ORI: \_\_\_\_\_

Law Enforcement Executive Name (Title, First Name and Last Name)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_

Government Executive Name (Title, First Name and Last Name)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name (Title, First Name and Last Name)

\_\_\_\_\_

Name of individual submitting this Change of Information form (Name and Title):

\_\_\_\_\_

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