



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

[Redacted]	
POC First Name	POC Last Name
POC Title	

[Redacted]		
First Name	Last Name	
Title		
P.O. Box / Suite / Room Number		
City	State	Zip
Phone	Fax	
E-Mail Address		

[Redacted]		
First Name	Last Name	
Title		
P.O. Box / Suite / Room Number		
City	State	Zip
Phone	Fax	
E-Mail Address		

[Redacted]		
First Name	Last Name	
Title		
E-Mail Address		

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

145 N Street, N.E.
Washington, DC 20530
Attention: Response Center

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