



# Vermont Criminal Justice Council Agency Registration Form

New Agency Name:

Agency Address:

Agency Phone Number:

Agency Fax Number:

Effective Date of Creation of New Agency:

Name of Appointed Chief of Police (*Last, First, MI*):

## AGENCY ELIMINATION

Effective Date of Elimination of Agency:

Signature of Town Manager or Executive Authority: \_\_\_\_\_

*Title:* \_\_\_\_\_

*Date* \_\_\_\_/\_\_\_\_/\_\_\_\_.