

PROGRAM NAME: _____

PROGRAM ADDRESS: _____

**LOCAL PROGRAM FUND REQUEST FROM
THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY**

DATE: _____

I _____, representative for the
(Name and Title)

(Program Name)

request the following monetary amount \$ _____ from the

Mississippi Department of Public Safety Crime Stoppers Treasury Account. Our Crime Stoppers program is a non-profit organization and is in good standing with the Crime Stoppers Division of the Mississippi Department of Public Safety.

President

Date

Treasurer

Date

Please remit original request form to:

**Tricia J. Harbour, Executive Director
Crime Stoppers Division
Mississippi Department of Public Safety
3891 Highway 468W
Pearl, MS 39208
Telephone: (601) 933-2637
E-mail: tharbour@dps.ms.gov**

(PLEASE RETAIN A COPY FOR YOUR RECORDS)