

*Laci and Conner Search and Rescue Fund*

*Request Form for 2009*

A program of The Carole Sund/Carrington Memorial Reward Foundation

P.O. Box 4113

Modesto, CA 95352

(209) 527-LACI (5224)

Date of request: \_\_\_\_\_

Request made by: \_\_\_\_\_ Title: \_\_\_\_\_

Law Enforcement Agency or  
Non-Profit Organization: \_\_\_\_\_

ORI # \_\_\_\_\_ Tax ID # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (P) \_\_\_\_\_

(W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Brief Description of Request:** *(Please provide additional detailed summary of request on letterhead-1 page max)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Is this item/training new to your agency? \_\_\_\_\_

How did you hear about the Laci and Conner Fund? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Received: \_\_\_\_\_ Status: \_\_\_\_\_