



2024 DIVISION RESTRICTED ACCOUNT APPLICATION

Grant Number \_\_\_\_\_ - \_\_\_\_\_ (LAPF use only)

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

Amount Requested: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Department/Unit: \_\_\_\_\_

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

Phone Number (landline): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Provide a brief description and purpose of the request for the expenditure from this Division Restricted Account:

Has this program/equipment previously been requested through the city budget?  YES  NO

Has your Commanding Officer approved this request?  YES  NO

Name of Commanding Officer: \_\_\_\_\_ Serial No. \_\_\_\_\_

Signature of Commanding Officer: \_\_\_\_\_

For questions, please contact Jacqui McAndrews at (213) 489-4636 or email [jacqui@supportlapd.org](mailto:jacqui@supportlapd.org).