2026 DIVISION RESTRICTED ACCOUNT APPLICATION

Donation 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.