



Training Project Class Schedule Notification

Department of Law
1525 Sherman Street
Denver, CO 80203
303-866-5692

Course Title _____

Number of Hours _____ Course Number _____

Date(s) of Training: _____

Location of Training: _____
(street address)

_____ (city)

_____ (zip)

Instructor/s: _____

Host LE Agency _____

Contact Name _____ Phone _____

Email _____

POST Grant Funds have been approved for this class No Yes

Training Provider _____

Contact Name _____ Phone _____

Email _____

Website _____

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

POST Use Only

Calendar Posted By _____ Date _____

Class Number _____