

**LAW ENFORCEMENT AGENCY (LEA)
ARMORED TACTICAL VEHICLE REQUEST**

SCREENER ID: EMA00326 AGENCY NAME: Clayton County Sheriff's Office
POC: [REDACTED]
ADDRESS (No P.O. Box): 22680 230th Street
CITY: St. Olaf STATE: IA
ZIP: 52072 EMAIL: [REDACTED]@claytoncountyla.gov
PHONE: (563) 245- [REDACTED] ext. [REDACTED] FAX: [REDACTED]

1. Type of Armored Tactical Vehicle Requested (if a specific type is required):

2. Number of Armored Vehicles Requested: 1
3. Geographic Responsibility (Square Miles Covered): 792
4. Is the LEA in a High Intensity Drug Trafficking Area (HIDTA): Yes ☐ No ☒
Verify at: <http://www.whitehousedrugpolicy.gov/hidta>
5. Is the LEA willing to accept an Armored Tactical Vehicle that is: Tracked ☐ Wheeled ☒ Either ☐
6. Number/Type of 1208/1033 Armored Tactical Vehicles Currently on Inventory:
0
7. Special Considerations:
Nothing larger than 2 axle vehicle as parking and storage spaces in the county are at a minimum.
Would prefer something that has 12V capabilities for electronics and radios.

The Chief Executive Official/Head of Agency (Local Field Office), by signing, certifies that the requesting agency listed above has the appropriate funds, personnel, and equipment to operate and maintain the requested vehicle. It is also understood that this agency will not sell, trade, or cannibalize for parts, armored vehicles acquired through the 1033 Program. They certify that all information contained above is accurate and the request for an armored tactical vehicle is warranted and has been approved.

CHIEF EXECUTIVE OFFICIAL/A:
HEAD OF LOCAL AGENCY

Sheriff Michael J. Tschirgl DATE: 20140604
PRINTED NAME

[Signature]
SIGNATURE

STATE COORDINATOR:
(NOT REQUIRED FOR FEDERAL)

Kathryn Blake DATE: 7-2-14
PRINTED NAME

[Signature]
SIGNATURE

LESO USE ONLY

LESO OFFICIAL:

[REDACTED]
SIGNATURE

DATE LEA WAS ADDED TO THE NATIONAL PRIORITY LIST: 7-2-14

LESO NOTES: _____

DISAPPROVED BY LESO: ☐ REASON: _____