

# Council on Law Enforcement Education and Training

## Affidavit for Reporting Annual Individual Officer Addresses

Organization Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, Organization Director/Administrator for the above organization, do hereby designate the individual listed below as the authorized individual appointed to submit individual officers' home address and phone number records to CLEET pursuant to 70 O.S., § 3311 (I) which requires that every law enforcement agency employing police or peace officers in this state shall submit to CLEET on or before October 1 of each calendar year a complete list of all commissioned employees with a current mailing address and phone number for each such employee.

I understand that it is my responsibility to immediately notify CLEET should this designated contact leave the organization and/or should the designated contact be changed. In the event I believe personal individual information or the integrity of the system has been compromised, I agree to immediately notify CLEET and conduct reasonable measures to correct any inaccurate information. I also understand that CLEET assumes no liability should personal information obtained from the database be used in a negligent, malicious, or illegal manner. I understand and agree that this organization is responsible for maintaining confidentiality of the information provided to CLEET. I agree to the statutory provisions set forth in 70 O.S. 3311 et seq. regarding the submission of official records and acknowledge that violating these provisions could result in criminal prosecution. I agree to maintain hard copy records of all information submitted to CLEET. Failure to abide by the terms set forth in this agreement may result in revocation.

Designated Contact Name: \_\_\_\_\_

Contact Direct Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Organization Director/Administrator Title Date

\_\_\_\_\_  
Signature of Designated Contact (If different from Organization Administrator) Title Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_