



# FACILITIES USE REQUEST

State Form 49152 (R11/ 9/26)  
INDIANA LAW ENFORCEMENT ACADEMY  
LAW ENFORCEMENT TRAINING BOARD

- INSTRUCTIONS:**
1. E-mail completed form to [FacilitiesRequest@ilea.in.gov](mailto:FacilitiesRequest@ilea.in.gov); or mail form to Indiana Law Enforcement Academy, 5402 S. CR 700 E., Plainfield, IN 46168. **Do not fax.** Please allow up to three (3) business days for your request to be processed. We may not be able to accommodate requests made less than three (3) business days in advance.
  2. If an organization needs to cancel a facility use reservation, it must be received no later than five (5) business days prior to the date of the reservation. **Reservations that are not cancelled at least five (5) working days in advance or an agency who fails to show will be responsible for payment in full.**

**NOTICE: Organizations will be responsible for lost or damaged academy property and must replace or cover the cost of said property.**

|                                                                                                                                       |  |                                                                                        |                                |
|---------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--------------------------------|
| Title of course / seminar / program                                                                                                   |  | Type of course<br><input type="checkbox"/> Recruit <input type="checkbox"/> In-Service | ILEA course number             |
| Name of Organization/Vendor and Vendor Contact Name                                                                                   |  | E-mail address                                                                         |                                |
| Address of organization / vendor (number and street, city, state, and ZIP code)                                                       |  |                                                                                        |                                |
| How does your agency wish to be billed<br><input type="checkbox"/> Credit Hours (will be used first) <input type="checkbox"/> Invoice |  | Telephone number<br>(      )                                                           | Name of ILEA officer in charge |
| Registration through:<br><input type="checkbox"/> ILEA Acadis <input type="checkbox"/> Vendor <input type="checkbox"/> Agency         |  | <input type="checkbox"/> Course description attached (for vendor courses only)         |                                |

| REQUIRED COURSE INFORMATION                                                                |                       |                                                       |                                   |                                                               |
|--------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Date and time of registration (mm/dd/yyyy; hour:minutes)                                   |                       | Date and time class begins (mm/dd/yyyy; hour:minutes) |                                   | Date and time class ends (mm/dd/yyyy; hour:minutes)           |
| Daily number of students                                                                   | Number of instructors | Total lodging needed                                  | Total needing prior night lodging | Total needing Sunday night lodging<br>(Must be pre-approved.) |
| Daily number of meals (Special meal requests must be arranged with the officer in charge.) |                       |                                                       |                                   |                                                               |
| Breakfast _____                                                                            |                       | Lunch _____                                           |                                   | Dinner _____                                                  |

| REQUESTED TRAINING AREAS (Check all that apply.)                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Requesting agencies and trainees accept any risks associated with anticipated training and waive any claim against ILEA for any injury that occurs while on property</b></p>                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Classroom # _____<br><input type="checkbox"/> Board Room<br><input type="checkbox"/> Conference Room - Business<br><input type="checkbox"/> Conference Room - Legal<br><input type="checkbox"/> Conference Room - Training | <input type="checkbox"/> Assembly Hall / Gym<br><input type="checkbox"/> Control Tactics Mat Room<br><input type="checkbox"/> East EVO (Track/Skill Pad/Classroom)<br><input type="checkbox"/> West EVO (Track/Skill Pad/Classroom)<br><input type="checkbox"/> LEA Vehicle Usage# _____ | <input type="checkbox"/> Indoor Firing Range<br><input type="checkbox"/> Outdoor Firing Range A - Handgun<br><input type="checkbox"/> Outdoor Firing Range B - Shotgun<br><input type="checkbox"/> Use of Force - Range C<br><input type="checkbox"/> Use of Force - Range D<br><input type="checkbox"/> Tactical Engagement Center | <input type="checkbox"/> Scenario Training Village<br><input type="checkbox"/> Scenario Village Classroom A<br><input type="checkbox"/> Scenario Village Classroom B<br><input type="checkbox"/> Scenario Village Trailers<br><input type="checkbox"/> Cottage<br><input type="checkbox"/> Other _____ |

| SPECIAL NEEDS (Check all that apply.)                                                                                                       |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Audio Visual Equipment</b> (Only indicate if training area is not normally equipped.)<br>Video / Computer Projector _____<br>Other _____ | <b>Classroom Setup</b> - Check item needed and indicate number required<br>Long Tables _____<br>Chairs _____<br>Podium _____<br>Partition, open _____<br>Partition, closed _____ |

| DO NOT WRITE BELOW THIS LINE – FOR ILEA USE ONLY |                   |                          |                   |                                                                     |                   |                          |                   |
|--------------------------------------------------|-------------------|--------------------------|-------------------|---------------------------------------------------------------------|-------------------|--------------------------|-------------------|
| Date facilities request received (mm/dd/yyyy)    |                   |                          |                   | Date facilities approval sent to organization / vendor (mm/dd/yyyy) |                   |                          |                   |
| Indiana Law Enforcement Academy Fees             |                   |                          |                   |                                                                     |                   |                          |                   |
| Resident                                         |                   | Commuter                 |                   | Facility                                                            |                   | Equipment                |                   |
| Routing                                          |                   |                          |                   |                                                                     |                   |                          |                   |
| Facilities Manager Initials                      | Date (mm/dd/yyyy) | Business Office Initials | Date (mm/dd/yyyy) | Registrar Initials                                                  | Date (mm/dd/yyyy) | Asst. Registrar Initials | Date (mm/dd/yyyy) |
| Comments                                         |                   |                          |                   |                                                                     |                   |                          |                   |