



FACILITIES USE REQUEST

State Form 49152 (R8 / 2-23)
INDIANA LAW ENFORCEMENT ACADEMY
LAW ENFORCEMENT TRAINING BOARD

- INSTRUCTIONS:**
1. E-mail completed form to 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 <input type="checkbox"/> Recruit <input type="checkbox"/> In-Service	ILEA course number
Name of organization / vendor		E-mail address	
Address of organization / vendor (number and street, city, state, and ZIP code)			
Name of organization / vendor contact		Telephone number ()	Name of ILEA officer in charge
Registration through: <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 (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.)			
<input type="checkbox"/> Classroom(s) # _____	<input type="checkbox"/> EVO (Track, Skill Pad and Classroom)	<input type="checkbox"/> EVO Driving Simulator # _____	<input type="checkbox"/> Tactical Engagement Center
<input type="checkbox"/> Large Conference Room	<input type="checkbox"/> EVO Skid Platform	<input type="checkbox"/> Indoor Firing Range	<input type="checkbox"/> Cottage
<input type="checkbox"/> Assembly Hall / Gym	<input type="checkbox"/> EVO Skill Pad	<input type="checkbox"/> Outdoor Range A - Handgun	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mini Gym A	<input type="checkbox"/> EVO Skid Car # _____	<input type="checkbox"/> Outdoor Range B - Shotgun	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mini Gym B	<input type="checkbox"/> EVO Pit Car # _____	<input type="checkbox"/> Use of Force Range C	
	<input type="checkbox"/> ILEA Vehicle Usage # _____	<input type="checkbox"/> Use of Force Range D	

SPECIAL NEEDS (Check all that apply.)	
Audio Visual Equipment (Only indicate if training area is not normally equipped.) <input type="checkbox"/> Video / computer projector <input type="checkbox"/> DVD player <input type="checkbox"/> Computer <input type="checkbox"/> Other _____ <input type="checkbox"/> Document camera	Classroom Setup (Check item(s) needed and indicate number required.) <input type="checkbox"/> Long tables _____ <input type="checkbox"/> Podium _____ <input type="checkbox"/> Chairs _____ <input type="checkbox"/> Partition, open _____ <input type="checkbox"/> Chairs with desktops _____ <input type="checkbox"/> Partition, closed _____
Printed Materials (Check item(s) needed and indicate number required.) <input type="checkbox"/> Agency / vendor to supply _____ <input type="checkbox"/> ILEA to supply _____	How does your agency wish to be billed? <input type="checkbox"/> Invoice <input type="checkbox"/> Credit hours

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 ILEA 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							