FACILITIES USE REQUEST

State Form 49152 (R9 / 3-24)
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 ☐ Recruit ☐ 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:
☐ ILEA Acadis   ☐ Vendor   ☐ Agency   ☐ 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.)*

☐ Classroom(s) # _____
☐ Large Conference Room **LRC**
☐ Conference Room - Business
☐ Conference Room - Training

☐ Assembly Hall / Gym
☐ Mini Gym A
☐ Mini Gym B

☐ EVO (Track, Skill Pad and Classroom)
☐ ILEA Vehicle Usage # _____

☐ Indoor Firing Range
☐ Outdoor Range A - Handgun
☐ Outdoor Range B - Shotgun
☐ Use of Force - Range C
☐ Use of Force - Range D

☐ Tactical Engagement Center
☐ Cottage
☐ Other _____
☐ Other _____

Credit hours _____

SPECIAL NEEDS *(Check all that apply.)*

Audio Visual Equipment *(Only indicate if training area is not normally equipped.)*
☐ Video / computer projector   ☐ DVD player
☐ Computer   ☐ Other _____
☐ Document camera

Classroom Setup *(Check item(s) needed and indicate number required.)*
☐ Long tables _____   ☐ Podium _____
☐ Chairs _____   ☐ Partition, open _____
☐ Chairs with desktops _____   ☐ Partition, closed _____

Printed Materials *(Check item(s) needed and indicate number required.)*
☐ Agency / vendor to supply _____   ☐ ILEA to supply _____

How does your agency wish to be billed?
Credit Hours (will be used first)   Invoice

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