

CJLEADS REMOVAL OF AGENCY CONTACT INFORMATION

To assist you with this form and/or for a list of the current CJLEADS contacts at your Agency, please send your request via email to: gdacadmin@nc.gov.

Agency Name: (required) _______

Agency Head: (required)		
Name	Date of Remova	ıl Reason
SIGNATURES	<u> </u>	
Note: The undersigned hereby states that they have the leappropriate signatory authority is defined in the "Policy fand those incorporated by reference.		
Typed or printed NAME of AGENCY signato	ry authority T	TLE of AGENCY signatory authority
SIGNATURE of AGENCY signatory authorit	y D	ate

Return to CJLEADS by Email at cjleadshelp@nc.gov or Fax at 919 754-6957