

Phone

## STATE OF WISCONSIN CRIMINAL JUSTICE COORDINATING COUNCIL WEBSITE Criminal Justice Coordinating Council Local Map Information Form

This form may be used to add new or update existing information on the local program map on the CJCC website (<u>https://cjcc.doj.wi.gov/local-program-map</u>). Please complete each section. Please email this form to the TAD Program Specialist with the Wisconsin Department of Justice.

SECTION 1: INDICATE IF YOU ARE REQUESTING TO ADD NEW OR UPDATE EXISTING INFORMATION							
Add New CJCC (or similar oversight body)			Update Existing CJCC (or similar oversight body)				
SECTION 2: NAME OF	COUNTY OR TRIBE						
Name of County or Tribe							
Year CJCC (or similar over	rsight body) Established						
SECTION 3: CJCC (OR SIMILAR OVERSIGHT BODY) CONTACT INFORMATION							
Contact Name							
Job Title							
Agency Name							
Mailing Address							
City		State	e Wisco	nsin	Zip Code		
Phone		Email Address					
Website							
SECTION 4: CONTACT INFORMATION OF INDIVIDUAL COMPLETING FORM							
Check this box if same as information reported in Section 3. If not, please complete information below.							
Name							
Job Title							
Agency							

Email Address