20XX <<Annual Probation Survey, Annual Parole Survey, Annual Surveys of Probation and Parole>> Designation Form

Please update or indicate if the Head of Agency and Designated Survey Respondent information is accurate. **To respond, log on to www.bjs-aps.org or complete and return this form by fax or email to <<Contractor>> by November XX, 20XX.**

Head of Agency

	Information on File	Updated Information
Agency Name:	«A_NAME»	
Name:	«AH_SAL» «AH_FN» «AH_LN»	
Title:	«AH_TITLE»	
Address 1:	«AH_ADD»	
Address 2:	«AH_ADD2»	
City, State, and Zip Code:	«AH_CITY», «AH_STATE» «AH_ZIP»	
Email:	«AH_EMAIL»	
Phone:	«AH_PH» «AH_PH_EXT»	
Fax:	«AH_FAX»	
Attention:	«A_SAL» «A_FN» «A_LN»	
	☐ All information is correct	

Designated Survey Respondent

	Information on File	Updated Information
Name:	«DP_SAL» «DP_FN» «DP_LN»	
Title:	«DP_TITLE»	
Address 1:	«DP_ADD1»	
Address 2:	«DP_ADD2»	
City, State, and Zip Code:	«DP_CITY», «DP_STATE» «DP_ZIP»	
Email:	«DP_EMAIL»	
Phone:	«DP_PH» «DP_PH_EXT»	
Fax:	«DP_FAX»	
	☐ All information is correct	

Please fax or email this information to <<Contractor>> by November 29, 20XX.
Fax: <<XXX-XXX-XXXX>> **Email:** <<Agency Support Team Email>>
If you have any questions, please call the <<Contractor>> Agency Support Team at <<XXX-XXX-XXXX>>.

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