

# United States Police Canine Association

## Region 18 – Case of the Quarter Nomination Form

\*\*Contact: Tony Ofstead at [tony.ofstead@woodburymn.gov](mailto:tony.ofstead@woodburymn.gov)

**Instructions:** Please include the name of the handler, dog and department you wish to nominate. Please also include your name and contact information. Complete the narrative below, or attach a copy of the narrative in a word document and **E-MAIL** to Tony Ofstead at the above contact. *This nomination must be received in an e-mail format and no paper/hard copies via mail. Please be very descriptive of the incident and have it in a synopsis format.*

\*\*\*All nominated work must fall within the following calendar time frames listed below and be submitted BEFORE the 2<sup>nd</sup> to the last week of the month AFTER the last month of the quarter in which the work is being submitted for. For example, 1<sup>st</sup> quarter nominations are due NO LATER than at the end of the 2<sup>nd</sup> week in April.\*\*\*

Year \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Quarter – Jan, Feb, Mar

\_\_\_\_\_ 2<sup>nd</sup> Quarter – April, May, June

\_\_\_\_\_ 3<sup>rd</sup> Quarter – July, Aug, Sept

\_\_\_\_\_ 4<sup>th</sup> Quarter – Oct, Nov, Dec

\_\_\_\_\_ Patrol Nomination

\_\_\_\_\_ Detector Nomination

Handler's Name \_\_\_\_\_ K-9 Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Narrative:

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Name of Official submitting case \_\_\_\_\_ Date \_\_\_\_\_