



**Permanent Collection Box Form**  
Law Enforcement Partnership Agreement  
fax this response to 973-467-2188



Law Enforcement Host of Permanent Collection Site: \_\_\_\_\_

Police Chief/Sheriff: \_\_\_\_\_

\*\*Please complete an additional form for each site if you have more than one collection box in your community/county/parish and faxing them to 973-467-2188

Information for Publication on AmericanMedicineChest.com

Permanent Collection Site Address: \_\_\_\_\_

Permanent Collection Site City: \_\_\_\_\_

Permanent Collection Site County: \_\_\_\_\_

Permanent Collection Site State: \_\_\_\_\_

Permanent Collection Site Zip: \_\_\_\_\_

Permanent Collection Site Phone Number: \_\_\_\_\_

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Law Enforcement Agency: \_\_\_\_\_

Law Enforcement Contact: \_\_\_\_\_

Law Enforcement Contact Title: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Contact City: \_\_\_\_\_

Contact State: \_\_\_\_\_

Contact Zip: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

*As a law enforcement partner I understand that I will follow all local, state, and federal guidelines for the collection and disposal of medicine.*

**Signature:** \_\_\_\_\_