



**Office of the West Virginia Attorney General
Drug Drop Box Application**

Law Enforcement / West Virginia Attorney General Partnership Application

Law Enforcement Agency Hosting Permanent Collection Site:

Law Enforcement Contact Title/Rank:

Mailing Address:

City:

State:

Zip:

Contact Email Address:

Contact Phone Number:

Police Chief/Sheriff:

Population Served by Police/Sheriff:

Percentage of Drug Related Crime in years 2011-2013:

Number of Prescription Drug and Heroin Deaths in years 2011-2013:

Drug Drop Box Site Address:

Drug Drop Box Site City:

Drug Drop Box Site County:

Drug Drop Box Site Zip:

Drug Drop Box Site 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. Additionally, I understand that my agency is responsible for the disposal/destruction of all medicine collected.

Signature:

Drug Drop Box Form

Law Enforcement Partnership Application

Please Return Application To:

Office of the West Virginia Attorney General

Attn: Maryclaire Akers

Assistant Attorney General

Maryclaire.A.Akers@wvago.gov

P.O. Box 1789

Charleston, WV 25301

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