



**THE
TASER FOUNDATION**
supporting the family

17800 North 85th Street • Scottsdale, AZ 85255-9603
Phone: (480) 905-2090 • (800) 978-2737 x 2090
Fax: (480) 463-2155
www.taserfoundation.org

TASER Foundation For Fallen Officers Benefit Application

Department:

Chief/Sheriff:

Address:

City:

State:

ZIP:

Checks will be sent to the Department via Federal Express - Please provide a physical address

Direct Phone Number:

Email:

Name of Downed Officer:

Rank:

Badge No.

End Of Watch:

Briefly Describe What Happened:

Signature of Command Staff: _____ Date:

Officer's Beneficiary:

(Check should be made payable to)

Relationship to deceased:

*Check will be sent to Department address listed above for presentation to family.
The beneficiary address is needed for the actual check.*

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Please fax completed form to 480-463-2155 or email to supportingthefamily@taserfoundation.org

For Office Use Only:

Date: _____ Initials: _____

Grant #: _____ Check #: _____ Amount: \$2,500.00

Date Sent: _____ Fed/Ex Airbill #: _____