



CAPA MENTOR FORM

PLEASE COMPLETE THIS FORM & RETURN TO:
<mailto:CAPA@AZCHIEFSOFPOLICE.ORG>

AGENCY PROFILE

Agency Name:

Number of Sworn Personnel:

Number of Non-Sworn Personnel:

Number of Communications Personnel:

YOUR INFORMATION

Name:

Title:

Phone Number:

Email:

DOCUMENT MANAGEMENT SYSTEMS

What system, if any, do you currently use for document management?

PowerDMS

Lexipol

Edwards & Amato

Other

None

If **Other**, please list the name of the document management system currently in use:

WOULD LIKE TO MENTOR ON BEHALF OF:

Law Enforcement

Communications

COMMENTS

Please provide any additional information you would like us to know about you and your agency: