



National Drug Take Back Initiative XXVIII

Saturday, April 26, 2025



PARTICIPANT INFORMATION

LAW ENFORCEMENT AGENCY:

ADDRESS: _____

CITY, STATE, ZIP: _____

POINT OF CONTACT: _____

PHONE: _____

EMAIL: _____

COALITION PARTNER CONTACT:

(if applicable): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE and Email: _____

COLLECTION SITE:

ADDRESS: _____

CITY, STATE, ZIP: _____

SUPPLY REQUEST:

Do you need posters? Yes

No

Number of boxes needed:

Posters (Spanish): (S)____ (M)____ (L)____

Posters (English): (S)____ (M)____ (L)____

Does your agency have a permanent pharmaceutical collection box? Yes

No

COMMENTS ADDITIONAL REQUESTS:

Additional POC, address to deliver supplies, method of disposal, etc.

DEA CONTACT INFORMATION

POINT OF CONTACTS: Mike Sowby & Emily Negley | EMAIL: DEA.WA.NTBI@DEA.GOV

DEA USE ONLY

SPREADSHEET: _____ DATABASE: _____ SIGNED DEA-12: _____ SHIPPING LABELS: _____