## CALEA Agency Support Program



## Application

Instructions: Please complete this form in its entirety. Incomplete applications may be rejected. Use additional pages if necessary.

GENERAL INFORMATION					
Agency Name (in full): Crete Police Department					
Street Address: 1945 Forest Avenue					P.O. Box:
City: Crete	C		ounty: Saline		ne
State/Province: NE	ZIP/Postal Co 68333		le:	Country: USA	
If a P.O. Box is preferred, check here:	(Please ii	nclude street address for UPS deliveries.			
Telephone: 402.826.4311	Fax: 402.826.6430			)2.826.6430	
AGENCY CEO					
Name: Gary Young, Jr.			Title:	Chief of Po	lice
Telephone: 402.826.6427	Extension:		Email:	gary.young@	)crete.ne.gov
AGENCY ACCREDITATION MANAGER (if any)					
<sup>ame:</sup> Dawn Jonas			Title: Lieutenant		
Telephone: 402.826.6440	Extension:		Email: dawn.jonas@crete.ne.gov		
FINANCIAL OFFICER:					
Name: Wendy Thomas			Title:	Financial D	Director
Telephone: 402.826.6408	Extension:		Email: wendy.thomas@crete.ne.gov		
GOVERNMENTAL CEO					
Name: Dave Bauer			Title: Mayor		
Telephone: 402.826.4313	Extension:		Email:	dave.bauer@	@crete.ne.gov