

New 05/04

VP Form 1096

58

HIGHLY PROTECTED
REQUEST FOR INFORMER REWARD

Informer Registration Number:

HANDLER DETAILS

Name: Rank/Number:

Station/Unit: Phone (W):

Signature: (M):

Date:

CONTROLLER DETAILS

Name: Rank/Number:

Station/Unit: Phone(W):

Signature: (M):

Date: Recommendation: Yes No

(Attach separate report if required)

OIC DETAILS

Name: Rank/Number:

Station/Unit: Phone(W):

Signature: (M):

Date: Recommendation Approved: Yes No

LIR DETAILS

Name: Rank/Number:

Station/Unit: Phone(W):

Signature: (M):

Date: Recommendation Approved: Yes No

IMU USE ONLY

Date Received: CIMR Updated by: