

WESTLAND POLICE

PROFESSIONALISM * RESPECT * INTEGRITY * COURAGE

Citizen's Police Academy Application

Name: _____ Date of Birth: _____
 Last First Middle

Address: _____
 Street City State Zip

Phone: _____ Driver's License Number: _____

E-Mail Address: _____

Occupation: _____

Emergency Notification: _____
 Name Phone Number

Why do you wish to attend the Citizen's Police Academy?

Please list any associations, clubs or organizations you are affiliated with:

I understand that the Westland Police Department will conduct a background check that includes a criminal history and driver's license record check.

Applicant's Signature Date

Return completed applications to:
Westland Police Department
Attn: Lt. Engstrom
Westland, MI 48185