

Houlton Police Department

CITIZENS POLICE ACADEMY

REGISTRATION REQUEST

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SEX: M / F RACE: _____

DRIVERS LICENSE #: _____ STATE: _____

ADDRESS: _____ APT# _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL #: _____

E-MAIL: _____

I AM A RESIDENT OF THE TOWN OF HOULTON (circle one) YES or NO
- **AND / OR** -

I AM EMPLOYED IN THE TOWN OF HOULTON (circle one): YES or NO
EMPLOYER: _____ PHONE#: _____

I AM WILLING TO ATTEND THE CITIZENS POLICE ACADEMY
REGULARLY FOR 10 WEEKS (circle one): YES or NO

PLEASE LIST ANY CIVIC ASSOCIATIONS THAT YOU ARE
AFFILIATED WITH: _____

IF ACADEMY CLASS IS FULL I WISH TO BE PLACED ON WAITING
LIST FOR THE NEXT AVAILABLE CLASS (circle one): YES or NO

SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO: Houlton Police Department
97 Military Street
Houlton, Maine 04730

Class is limited to 30 students. A list is compiled on a first come basis!

OFFICE USE ONLY

DATE REC'D _____ LIST # _____