



**Petoskey Department of Public Safety
Citizen Academy**

Application for Admission

Complete the requested information below. *Please print or type.*

Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Driver's License # _____
Home Telephone: _____
Business Telephone: _____
Email: _____
(This will be our primary method of contacting you)

Employer: _____
Position: _____

Community/Group Affiliations:

Please write a short paragraph stating why you want to attend the Citizen's Academy. Attach an additional sheet if needed. This **MUST** be included for the review of this application.

As an applicant to the Petoskey DPS Citizen's Academy, I authorize a background investigation to be conducted, which includes a driving and criminal history record check.

Applicant's Signature

Date

Please mail the completed application to:
Petoskey Department of Public Safety
101 East Lake Street
Petoskey, MI 49770
For more information please call 231-347-2500