



Citizen’s Police Academy Application

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver’s License # _____ State: _____

Business Address: _____

Please explain why you want to participate in the Hamden Citizen’s Police Academy?

How did you hear about the Hamden Citizen’s Police Academy? _____

I believe that all the information above to be true and accurate. I understand that from the application and signature below, the information will be verified and a background investigation will be conducted by the Hamden Police Department.

Signature: _____ Date: _____

Completed application must be submitted no later than September 10, 2019 4:00 pm

Hamden Police Department

2900 Dixwell Ave.

Hamden, CT. 06518

203-230-3767

Attention: Sergeant Brent Zuscin