

**RICHMOND CITIZEN'S POLICE ACADEMY  
APPLICATION**  
(Please print or type)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last, First, Middle) (Name you would like on your name tag)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(City, State, and Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been arrested/convicted of a crime? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our citizen's police academy?  
\_\_\_\_\_  
\_\_\_\_\_

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

Notice

Prior to acceptance, applicants will be investigated as to arrest for prior criminal offenses. A prior conviction will not automatically disqualify an applicant and will be considered only as it relates to the Academy.

The facts set forth in my application are true and complete. I authorize the Richmond Police Department and its officers to make any investigation of my personal history deemed necessary for consideration to entry in the Citizen's Police Academy.

\_\_\_\_\_  
(Usual signature of Applicant) Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

Lieutenant Lowell D. Neinast  
Richmond Police Department  
600 Preston Street  
Richmond, Texas 77469  
(281) 342-2849