SOUTH GATE POLICE DEPARTMENT CITIZEN ACADEMY PROGRAM

Application Questionnaire

PLEASE PRINT OR TYPE First Name Middle Address Number Street City Zip Code E-Mail Address _____ Home Phone _____ Cell Phone _____ Driver's License Number _____ Date of Birth _____ How did you learn of the Citizen's Academy Program? **Any false information provided on this application will cause the applicant's name to be removed from the eligibility list for the Citizen's Academy Program. I have read and agree to comply with the above. Signature Date