# UXBRIDGE POLICE DEPARTMENT
# CITIZEN POLICE ACADEMY
## APPLICATION

March 28 to May 9, 2007
(Except for signature, PRINT or TYPE all requested in information)

Last Name(Maiden Name) First Name Middle initial

**Telephone Number**

Date of Birth Social Security No.

Employed By Business Address Telephone Number

Why you would like to attend the Citizen Police Academy

I hereby certify that the information contained in this application is true and complete to the best of my knowledge

Signature
Applicant will be notified of acceptance no later than March 19, 2007

DO NOT WRITE BELOW

---

Please mail or deliver to: Uxbridge Police Department 275 Douglas St. Uxbridge, MA 01569 on or before March 17, 2007

Date application received;