



LAKEVILLE POLICE DEPARTMENT

323 Bedford Street
Lakeville, MA 02347

Date: _____

Applicant's Name: _____ Date of Birth: _____ Age: _____

Street Address: _____

Home Telephone: _____ Cell: _____

Email: _____

Preferred method of communication regarding the Citizens Police Academy Email: _____ Home: _____ Cell: _____

Current Occupation: _____ Employer: _____

Are you related to anyone in Law Enforcement? Yes: _____ No: _____

If yes, who and where are they employed? _____

Do you know any member(s) of the Lakeville Police Department? Yes: _____ No: _____

If yes, who do you know? _____

Reason(s) for attending the Citizens Academy?

The above is correct to the best of my knowledge: _____
Applicant Signature

This application does not guarantee acceptance into the program. Lakeville residents and first-time attendees will receive preference in the review of all applications. Enrollment is on a first-come first-served basis.