



# Universal City Police Department

## Citizens Police Academy Registration

**All applicants must live or work in Universal City**

Please Print.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

*Company Name (if not U.C. resident)* \_\_\_\_\_

*Company Address (if not U.C. resident)* \_\_\_\_\_

Home Phone: ( \_\_\_ \_\_\_ \_\_\_ ) - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

Cell Phone: ( \_\_\_ \_\_\_ \_\_\_ ) - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

E-mail: \_\_\_\_\_

Date of Birth:\* (mm/dd/yyyy) \_\_\_\_\_

or  
Driver's License or ID Card No.:\* \_\_\_\_\_

\* This information is for required background check by the UCPD and will be kept confidential.

Emergency Contact ( name, relationship, address & phone # )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn about the Citizens Police Academy?

\_\_\_\_\_

Signature

Date