

MIRAMAR POLICE DEPARTMENT

CITIZENS' POLICE ACADEMY APPLICATION FORM

Please complete this application form and return by email, mail or fax to:

Public Affairs Unit
Miramar Police Department
11765 City Hall Promenade,
Miramar, FL 33025
Fax 954.602.3581

Email: ohall@miramarpd.org

If you have questions or concerns, please call 954.602.4351

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Email: _____ Where do you prefer to receive calls? _____

Date of Birth: _____

Last Four Numbers Social Security: _____

Drivers License Number: _____

Person to notify in case of an emergency: _____

Address: _____

City: _____ Phone Number: _____

Are you currently an applicant of this police department?

If yes, what position? _____

PRINT YOUR NAME

SIGNATURE

DATE

----- FOR OFFICIAL USE ONLY -----

Teletype conducted by: _____ ID #: _____

Result:

Pursuant to Florida Statute 119.071(5)(a)(3), the Miramar Police Department collects social security numbers for identification, and/or investigative purposes.