

The City of Elgin Police Department  
**Citizen Police Academy**  
Application

Mr./Mrs./Ms. \_\_\_\_\_  
Last First MI

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

City / Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City / Zip: \_\_\_\_\_

Community Group Affiliation (if any): \_\_\_\_\_

I authorize the Elgin Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or deliver completed form to:

Elgin Police Department  
Citizen's Police Academy  
202 Depot Street  
Elgin, Texas 78621  
(512) 285-5757