



Chaffee County Sheriff's Office

Citizen Police Academy Application

Today's date _____

Name (please print) _____
Last First Middle

Previous name, maidenname _____

Date of birth ____/____/____
month day year

Driver's license _____ / _____ / _____
Number State of issue Expiration

Home address _____
Number Street PO Box #

City State ZIP

Home telephone ____/____/____ Mobile ____/____/____

Name of employer, type of business _____

Business address _____
Number Street PO Box #

City State ZIP

Email address _____

On the reverse of this form or on a separate sheet of stationery, please provide a brief biography of yourself.

Return the completed form to:
Chaffee County Sheriff's Office, Records Division
641 West 3rd Street
Salida, CO 81211