



West Lafayette Police Citizens Academy Application

Name: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Occupation: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____

Driver's License No: _____ State: _____

Social Security No: _____

Email Address: _____

Please answer the following questions:

Have you ever been arrested or convicted of a crime? _____ If yes please explain below.

Upon acceptance a records check will be completed.

Return completed Application to:

West Lafayette Police
Cindy Marion
711 West Navajo
West Lafayette, IN 47906

If you have any questions please contact Cindy Marion at (765) 775-5215 or email at camarion@wl.in.gov