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APPLICATION FOR CITIZEN'S POLICE ACADEMY FLORENCE POLICE DEPARTMENT

Please Complete Every Blank:

Name:				
-	First	MI		Last
Address				
	Box or Street Number		Street Name	
C	ity	State		Zip Code
Phone (Day)_		(Even	ing)	The last of the la
Email:				
D.O.B			SSN#	
Do you have a	valid Driver's License? If so	, please list (he state and numbe	r <u>.</u>
Place of emplo	yment:			
Occupation:				
If retired, whe	re were you employed?	ALL UNIO		
Do you know	any members of the Florence	Police Depa	rtment? If so, plea	se list name(s).
Having given t	portunity, would you like to ri the above information to the F is representative to examine r	lorence Poli	ce Department, I no	ow authorize the Chief
	Signature			Date
ApprovedBy:		.		
	Chief of Pol	ice. Florenc	e Police Denartme	enf