CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT

Anthony F. Colarusso, Jr.
Chief of Police

APPLICATION FORM

Please Print or Type:

Last Name	**First Name**	**Middle Initial**

Street Address	**City**	**State**	**Zip Code**

Date of Birth	**Home Telephone Number**
Driver's License Number	**Social Security Number**
Occupation	**Employer's Name**
Employer's Address	**Employer's Telephone Number**

All applicants must live, work or own property in Dover. Applicants must be at least 18 years of age.

I, the undersigned, understand that a background check will be conducted on me. I also understand and agree to the fact that the Dover Police Department reserves the right to deny entry into the Citizen's Police Academy based on findings of the background check and/or for any other lawful reason and is not required to disclose that reason to me.

Applicant's Signature **Date**

Mail Application to:
Officer Michelle Murch
Dover Police Department
46 Locust Street
Dover, New Hampshire 03820

Signature of Notary_____
(affix seal)