

Westport Police Department 2024 Citizens' Police Academy Application

Westport residents age 21 and older
Please print legibly

Applicant Name _____

Address _____

Phone (Home) _____

(Cell) _____

Email _____

Date of Birth _____

Driver's License # _____ State _____

Emergency Contact _____

Address _____

Phone(s) _____

I understand that a limited background check will be made by the Westport Police
Department for acceptance into the Citizens' Police Academy.

Signature _____

**Please return this application to WPD headquarters to Lt. Cabana's
attention by Tuesday, August 27th or submit via email to her at
jcabana@westportct.gov. No late submissions will be accepted.**