

# Westport Police Department 2025 Citizens' Police Academy Application

Westport residents aged 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 Wednesday, August 27th or submit via email to her at [jcabana@westportct.gov](mailto:jcabana@westportct.gov). No late submissions will be accepted.**