

CITY OF BERKLEY PUBLIC SAFETY DEPARTMENT Citizen Police Academy Waiver and Release of All Claims

				Date	
La	ast	First	Middle		
Address		City		State	Zip
Phone		Email:			
Date of Birth		Driv	ver's License		
Employer			Occupation		
Address			Phone		
City, State, 7	7in				
ction 2 – Em	ergency Conta	ct Information			
			ct Person Full Name:		
Name					
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ddress:					
	Street		City	State	Zip
elephone:			Relationship:	Relationship:	
	Home	Cell			
Acknowled	lgement & Auth	orization:			
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