



Utica Police Department



Mark W. Williams
CHIEF

Citizens' Academy Application

Name:

AKA:

E-mail Address:

Street Address:

City/Town:

State:

Zip:

Home Phone:

Work Phone:

Cell:

Date of Birth:

Place of Birth:

Citizenship:

Social Security
Number:

Previous Address: (If less than 5 years at your current address)

Street Address:

City/Town:

State:

Zip:

Employment

Company Name:

Occupation:

Street Address:

City/Town:

State:

Zip:

Community/Civic Organizations:

Emergency Notification

Name:

Street Address:

City/Town:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Have you ever
been convicted of a
crime?

If yes, please explain:

Reference:

Phone:

After completing application, sign and return to:
Utica Police Department, 413 Oriskany Street West Utica, NY 13502

Signature: _____ Date: ____/____/____



UTICA POLICE DEPARTMENT

REQUEST FOR RELEASE OF CRIMINAL HISTORY RECORD INFORMATION

I, the undersigned, request arrest record information from the files of the Utica Police Department on my personal record for the purpose of review and challenge. I understand that the search of the files will not include arrest information from other local police agencies, the New York State Identification and Information Service (NYSIIS), or the Federal Bureau of Investigation (FBI). My identification and signature have been verified by a Notary Public or a Commissioner of Deeds.

APPLICANT NAME (LAST, FIRST, MIDDLE) OTHER NAMES I HAVE USED (ALIAS, MAIDEN, FORMER MARRIED)

STREET ADDRESS

CITY, TOWN OR VILLAGE STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

SEX DATE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE _____ DATE ____/____/____

*State of New York)
County of Oneida) S.S
City of Utica*

On the _____ day of _____ 20____, before me personally appeared

_____ ,

To me known to be the same person described herein, and who has executed the foregoing instrument and acknowledged the execution thereof.

NOTARY PUBLIC OR COMMISSIONER OF DEEDS



UTICA POLICE DEPARTMENT

DATE

I, _____

Residing at _____

do hereby release the City of Utica and members of the Utica Police Department from any and all liability from any incident(s) that occur while participating in any aspect of the Utica Police Department Citizens' Academy.

PRINT NAME

SIGNATURE