

HOT SPRINGS VILLAGE POLICE DEPARTMENT
113 Calella Road Hot Springs Village, AR 71909
CITIZENS POLICE ACADEMY

Full legal name: _____

Last

First

Middle Initial

Address: _____

Street

City

State

Zip Code

Phone: _____

Home

Work

Cell

Email: _____

Date of Birth _____

Month

Day

Year

Driver's License # _____

Would you please tell us why you are interested in attending the Hot Springs Village Police Department's Citizens Police Academy?

I, _____, authorize the Hot Springs Village Police Department and its agents to conduct a review of the records for the purpose of confirming that I am of good character. I hereby release the Hot Springs Village Property Owner's Association from any liability which may arise out of the background investigation and recommendations, including liability from any negative recommendation based upon erroneous information.

Dated this _____ day of _____, 20____

Signature _____