

Frankfort Citizens Academy

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Frankfort Police Department Citizens Academy. I also grant permission for the Frankfort Police Department to verify the information contained in this application.

Signature of Applicant

Date

Return completed application to:

Frankfort Police Department
Attn: Chief Jeff Abrams
PO Box 697
Frankfort, KY 40602
Phone: (502) 875-8523
Fax: (502) 352-2069