Lee's Summit Missouri Police Department

10 NE Tudor Road

Lee's Summit, MO 64086

CITIZEN'S POLICE ACADEMY APPLICATION

Name (last, first, middle initial) : _____

Address: _____

City, State and Zip Code: _____

Best Contact Phone number: (_____) _____

Email address: _____ **@** _____

Date of Birth: _____ **Social Security Number:** _____

Occupation: _____

Employer Address: _____

The facts set forth in my application are true and complete. The applicant herby authorizes the Lee's Summit MO Police Department to make any investigation of my personal history deemed necessary for consideration to enter the Lee's Summit Police Departments Citizen's Police Academy.

Signature of Applicant: _____

Status of Application: ☐ **Approved by:** _____ **Date:** _____

☐ **Denied by:** _____ **Date:** _____

Letter sent notifying applicant by: _____ **Date:** _____