



## Pigeon Forge Police Department Citizens' Police Academy

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Reason you wish to attend:

Are you over the age of 21? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details and disposition.

I hereby affirm that the information on this application is true and complete to the best of my knowledge.

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Signature

Date

Please return this application no later than the first week of January. You may return it in person to the police department, fax it to (865)429-7409 or email it to [pd@cityofpigeonforgetn.gov](mailto:pd@cityofpigeonforgetn.gov)