LAKE COUNTRY CITIZENS ACADEMY **APPLICATION FORM**

Last Name:	First Name:	Middle Initial:	
Driver's License #:	Date of Birth: _	/ Sex: M / F	
Street Address:			
City, State and Zip:			
Day Phone:	Night Phone:		
Email Address:			
() Yes (explain below) () No	ything other than a minor traffic violatio		
	Limited (Please explain).		
"I want to attend the Citizens Acade	emy because"		
Emergency Contact:			
Name:			
Day Phone:	Night Phone:		
Relationship:			
criminal convictions, any previous Delafield, Village of Hartland or Vi	estigation will be conducted upon submiss actions which could reflect on the Village of Pewaukee Police Departments, acceive or conceal pertinent information, veceive or conceal pertinent information, veceive or conceal pertinent information.	Village of Chenequa, City of any suggestion that I might be	
Signature:	Date:		
Mail completed and signed application	tion to: City of Delafield Police Depar	tment	

115 Main St.

Delafield, WI 53018

VILLAGE OF PEWAUKEE CITY OF DELAFIELD VILLAGE OF HARTLAND and VILLAGE OF CHENEQUA POLICE DEPARTMENTS and LAKE COUNTRY FIRE & RESCUE DEPARTMENT

RELEASE AND INDEMNITY

The undersigned does hereby release and agrees to indemnify and save harmless the Village of Chenequa, City of Delafield, Village of Hartland, Village of Pewaukee Police Departments and the Lake Country Fire & Rescue Department, its officers, agents, employees, official representatives, and its insurers from any and all claims, demands, damages, costs, expenses, actions or causes of action belonging to the undersigned arising out of his/her use or presence upon or within any buildings, properties, vehicles or equipment under the control of the Village of Chenequa, City of Delafield, Village of Hartland or Village of Pewaukee Police Departments, and the Lake Country Fire & Rescue Department.

Date this	day of	, 20		
		Signature		
Name:			DOB:	
Print				
Address:				
City, State, ZIP:				
Telephone:				
Witness Name				
	Print			
Witness:				