

WEST RICHLAND
POLICE
DEPARTMENT

7920 W. Van Giesen St., West Richland, WA 99353

OFFICE: (509) 967-3425
FAX: (509) 967-2251
www.WestRichland.org



First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Shirt Size: S M L XL XXL XXXL

Drivers License Number: _____ State: _____

Home Phone: _____ Cellular Phone: _____

Email: _____

Briefly, describe why you are interested in attending the West Richland Police Citizens Academy?

Criminal convictions or adverse police contacts could preclude your acceptance into the program.

I, _____, authorize the West Richland Police Department to conduct a review of the records for the purpose of confirming that I am of good character. I hereby release the City of West Richland from any liability which may arise out the background investigation and recommendations.

Signature _____ Date Signed _____

Please return your application to the West Richland Police Department or email to aclark@westrichland.org