



Jeffrey Lourie
Chief of Police

TOWN OF UXBRIDGE POLICE DEPARTMENT

275 Douglas Street
Uxbridge, MA 01569-1851
508-278-7755 Fax 508-278-7874
www.Uxbridge-MA.gov

Citizens Police Academy Application

(Please print all information clearly)

Name: _____

Last name

First Name

M.I.

Address: _____

Number

Street

Apt.#

Date of Birth: _____ Mass Driver's License : _____

Telephone #: _____ Email Addresses: _____

Occupation: _____ Employer: _____

Facebook, Twitter, Instagram Names, if any: _____

Please share your thoughts on why you are interested in attending the Citizen Police Academy and what you hope to learn from it: _____

Reference Name: _____ Phone #: _____

Reference Name: _____ Phone #: _____

Important Notice: A criminal records check/background investigation will be conducted on all applicants for this program. By signing below, you hereby grant the Uxbridge Police Department authority to conduct a criminal history records check/background. The background check will be kept confidential. By submitting this application, you understand that any student may be removed for disruptive behavior that obstructs the concept of this program.

Signature: _____ Date: _____

Completed applications should be returned to Sergeant Josiah Morrissette, Uxbridge Police Department, 275 Douglas Street, Uxbridge, MA.01569 Please return by December 15, 2017