



Theodore D. Kohuth
Chief of Police

TOWNSHIP OF WHITEHALL

BUREAU OF POLICE

CITIZEN POLICE ACADEMY APPLICATION

DATE: _____

NAME: _____
(LAST) (FIRST) (M.I.)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

PHONE: _____
(HOME) (WORK) (CELL)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SS# _____

OCCUPATION: _____

WHY DO YOU WANT TO ATTEND THE ACADEMY?

COMPLETE AND RETURN TO: WHITEHALL TOWNSHIP BUREAU OF POLICE
3731 LEHIGH STREET
WHITEHALL PA 18052