SOLANO COUNTY SHERIFF'S OFFICE



2016 CITIZEN'S ACADEMY APPLICATION

First Name	2	
Last Name	·	SOLANO COUNTY
Middle Na	me	MELLIF, COMPANS
Date of Bir	rth	
Drivers Lic	ense or ID #	
Home Add	dress	
City	Zip Code	
Cell Phone	2 # ()	
Evening Ph	hone # ()	
E-Mail Add	dress @	SULANO COUNT
Minimum	Requirements:	
•	Minimum of 18 years of age	COUR
•	Live or work in Solano County	
	No felony convictions	
•	No Misdemeanor convictions within prior year	
	ckground check will be conducted on all applicants. By perform a check for the purpose of admission to the Ci	signing this form, you authorize the Solano County Sheriff's
Office to p	remorning check for the purpose of admission to the cr	izens Academy.
	1 1	
Signature	/	







Please return the completed application along with a copy of your driver's license or other government issued ID to Solano County Sheriff's Office, Ste. 100, Fairfield, CA 94533 or email to sheriffpio@solanocounty.com by 2/29/16