



Garland Police Department
Citizens On Patrol (COP)
Application

Name:(Last)_____ (First)_____ (Middle)_____

Note: This information is being used to locate records within the Texas Department of Public Safety, your criminal history, if any, and other records, as needed. Please use your complete name, and not nicknames or initials.

Personal: DOB ___/___/___ DL: _____ SS# ___-___-___

Sex M / F T-Shirt Size: _____

Home : Street: _____

City: _____ State: _____ Zip _____

Member of _____ Neighborhood Crime Watch

Business: Employer: _____ Occupation: _____

Street: _____

City: _____ State _____ Zip: _____

Email Address _____

Telephone # Home:(____)____ - _____ Work:(____)____ - _____

I understand that my signature authorizes the Garland Police Department to verify all statements made in this application. I further authorize the Garland Police Department to conduct a complete criminal history check on myself as a requirement of entry into the Citizens On Patrol program.

_____/_____/_____
Signature Date

Return Officer M. Hatfield
Original Garland Police
Copy to: Department 1891 Forest
Lane Garland, TX, 75042