

OTTAWA

POLICE DEPARTMENT

Citizen's Police Academy

Background Waiver Form

BRIAN L. ZEILMANN
Chief of Police

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www.ottawapoliceandfire.com

Applicant Information

Full Name: _____

D/O/B: _____

Address: _____

Contact # _____

I, _____ (print name) Hereby authorize the Ottawa Police Department to perform a background check on me for the purposes of acceptance into the Ottawa Police Department's Citizen Police Academy. I understand that my acceptance into the program is not only based on the background check and that I may not be allowed to participate regardless of a clear background. The Chief of Police will have the final approval or denial of all applications submitted.

(Applicant sign and date)

(Notary sign and date)

(Approved)

(Denied)

Chief of Police

(date)

Application # _____