



CULVER CITY POLICE DEPARTMENT

Chief's Advisory Panel



NAME _____ BIRTHDATE _____

ADDRESS _____

EMPLOYER _____ RETIRED

WORK ADDRESS _____

JOB TITLE _____ E-MAIL _____

TELEPHONE #: HOME (_____) _____ CELL (_____) _____

DRIVER'S LICENSE # _____ STATE _____ EXP. DATE _____

EMERGENCY CONTACT: NAME _____ PH# (_____) _____

RELATIONSHIP TO APPLICANT _____

I learned of the Culver City Police Department's Chief Advisory Panel from:

I am interested in the Chief's Advisory Panel because:

I consent to basic records check to determine eligibility for the Culver City Police Department's Chief's Advisory Panel. Persons selected to attend will be notified by mail, email and/or phone.

Applicant's Signature: _____ Date: _____

Email completed application to Edward.baskaron@culvercity.org