



# Rochester Police Department

## “Paw Patrol” Application

Please print answers to all questions



APPLICANT INFORMATION		
NAME:		
DATE OF BIRTH:	PHONE:	DRIVERS LICENSE #
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:		

K-9 INFO	
Name:	
Breed:	Pet License #:

**PARTICIPANTS ARE REQUIRED TO ATTEND A ONE HOUR ORIENTATION TO BE SCHEDULED WHEN WE HAVE SUFFICIENT INTERESTED PARTICIPANTS. YOU WILL BE NOTIFIED BY EMAIL WHEN A DATE IS SET.**

**Please do not bring pets to the orientation.**

Have you ever been convicted of a crime?    Yes     No

If yes, please list offense(s), date(s) and department involved:

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I understand that the Rochester Police reserves the right to perform a background check on all applicants and deny program admittance based on said results.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application by mail or in person to:  
Rochester Police Department  
400 Sixth St., Rochester, MI 48307**