



**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. Pesta  
**Original** Officer R. Shreves  
**Copy to:** Garland Police  
Department 1891 Forest  
Lane Garland, TX, 75042