

## City of Seminole 2019 Citizens Academy APPLICATION FORM

First Name:	Last Name:
Home Address:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Email Address:	
If you own a business in S What is the name of your b The Citizens Academy wil	e resident, how long have you lived in the City? Years minole, how long have you owned: Years usiness?
$\square$ Please check this bo	if you can attend all sessions.
If not, please list reason:	
Polo Shirt Size: (Please Check One) Small Medium Large Extra-Large XXL	
Please complete this form and submit per the options below: City of Seminole Citizens Academy Fire Chief's Office 9199 113 <sup>th</sup> Street Seminole, FL 33772 hburford@myseminole.com	

## OR

<u>Applications are due by Monday, March 18, 2019.</u> <u>PLEASE NOTE: Seating is limited, apply early. You will be notified of acceptance via email by Wednesday, March 20, 2019.</u>