



# Maricopa County Attorney's Office Citizen's Academy Application

**First Name**

**Middle Initial**

**Last Name**

\_\_\_\_\_

**Street**

\_\_\_\_\_

**City**

**State**

**Zip**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Employer/Business Name:**

**Street**

\_\_\_\_\_

**City**

**State**

**Zip**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Organizations with which you are involved:**

\_\_\_\_\_

**Why do you wish to attend the Citizen's Academy?**

**How did you hear about the Citizen's Academy?**

The Citizen's Academy is held once a month from 8:00 a.m. until 4:00 p.m.

**Mail applications to:  
Maricopa County Attorney's Office  
Community Action Bureau  
301 West Jefferson, 8<sup>th</sup> Floor  
Phoenix, Arizona 85003**