



## COMMUNITY POLICE REVIEW COMMISSION APPLICATION

DATE: \_\_\_\_\_

Check One: **New Appointment**

**Re-Appointment**

YOUR NAME & EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF THE CITY OF RICHMOND? \_\_\_\_\_

REASONS FOR INTEREST IN APPOINTMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FRATERNAL AND/OR CIVIC ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION: \_\_\_\_\_

\_\_\_\_\_

REFERENCES (Minimum 5 - List Name, Address, Phone Number & Email Address)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

**NOTE: All Community Police Review Commissioners are encouraged to complete an orientation tour of the Richmond Police Department and to participate in at least one Ride Along annually. Please call (510) 307-8007 for additional information.**

Applicant's Signature: \_\_\_\_\_

DELIVER OR MAIL TO:

\_\_\_\_\_

CITY CLERK'S OFFICE  
450 Civic Center Plaza  
Richmond, CA 94804  
Phone: (510) 620-6513

OR EMAIL TO: [CityClerkDept@ci.richmond.ca.us](mailto:CityClerkDept@ci.richmond.ca.us)