



MILWAUKEE COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT SAFETY ACT

REGISTRATION FORM

NAME (Last, First, Middle): _____

RACE: _____ GENDER: _____ DATE OF BIRTH (MM/DD/YYYY): _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

ALTERNATE ADDRESS: _____

ALTERNATE TELEPHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS AT WHICH I WISH TO RECEIVE NOTIFICATIONS, IF DIFFERENT
THAN ABOVE: _____

DATE OF RETIREMENT FROM THE SHERIFF'S OFFICE: _____

FIREARM: _____
Manufacturer Model Caliber Barrel Length