

# DELTA HAWK PREDATOR PROGRAM MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	Cell:	Phone:
Current address:		
City:	State:	ZIP Code:
Date of RO:	Restraining Order#	RO County:

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hours:	Work Days:

## EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## SPOUSE INFORMATION: OFFENDER: YES/NO PLEASE PROVIDE OFFIDERS INFO BELOW

Name:		
Date of birth:	Cell:	Phone:

## SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hours:	Work Days:

## OTHER CONTACT INFORMATION (FRIENDS/FAMILY)

Name	Address	Phone

## CHILDREN

Name	Name
Name	Name

## SIGNATURES

I authorize Delta Hawk Protective Agency to patrol my home and escort me from work to my car. I have received a copy of this application.

Signature of applicant:	Date:
Delta Hawk:	Date:

OR- Restraining Order



Please provide information about the person you want Delta Hawk to look out for: (If your spouse is not the OFFENDER please provide the following:

**Name, relationship, Photo, date of birth, height, weight, race, vehicle description, License plate number, ECT.**

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