



Lathrop Police Department
Explorer Interest Card



Name: _____
Age: _____
School: _____
Grade: _____
Phone: _____
Email: _____
Parent Guardian
Name (under 18): _____
Parent Guardian
Phone number: _____

Return This card to:

Lathrop Police Department
940 River Islands Pkwy, Lathrop CA 95330

Phone: (209)647-6400

Email: LPDExplorers@ci.lathrop.ca.us

Why are you interested in Joining the Lathrop Police explorer Program?