

**CITY OF MELBOURNE  
EMPLOYEE PHOTO ID APPLICATION**

**Please fill out form completely, have your Supervisor sign the form and return in person to the Melbourne Police Department at 650 N. Apollo Blvd. on Thursdays only between the hours of 10:00 a.m. and 12:00 p.m. and 1:00 p.m. and 4:00 p.m.**

Date: \_\_\_\_\_ City ID Number: \_\_\_\_\_

Full Name: \_\_\_\_\_  
                            First  Middle  Last

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

City Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name and Signature: \_\_\_\_\_

**I DO HEREBY CERTIFY AND SWEAR UNDER OATH THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE AFFIXED MY TRUE SIGNATURE HEREBY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_