



# KOOTENAI COUNTY SHERIFF'S OFFICE



## Community Council Application

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

Interested In: CITIZEN ADVISORY COUNCIL \_\_\_\_\_  
CLERGY COUNCIL \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
OTHER \_\_\_\_\_

Alias Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

\* No felony convictions in the last 7-years. Felony convictions will be reviewed in their totality on a case-by-case basis.

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

**Return Completed Form to:**  
Captain Kim Edmondson  
Kootenai County Sheriff's Office  
5500 N. Government Way  
Coeur d'Alene, Idaho 83815

Or, email to: [kedmondson@kcgov.us](mailto:kedmondson@kcgov.us) For Additional Information call (208) 446-1315

### For Office Use

Date Received: \_\_\_\_\_ Contacted: \_\_\_\_ By Whom: \_\_\_\_\_

Spillman Check: \_\_\_\_\_ Other Info: \_\_\_\_\_

Accept/Reject: \_\_\_\_\_

Revised 12/31/2020