



A MULTI-JURISDICTIONAL GANG INTELLIGENCE, SUPPRESSION & DIVERSION UNIT

3365 South 900 West • Salt Lake City, Utah 84119

Phone #385-468-9770

METRO GANG UNIT
CHOOSE GANG FREE
RESIDENTS AGAINST GRAFFITI

TATTOO REMOVAL PROGRAM APPLICATION

***** ALL AREAS MUST BE FILLED IN COMPLETELY*****

Date: _____

Personal Data

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Hair Color: _____ Weight: _____

Eye Color: _____ SSN: _____ DL #: _____

Full Legal Name of Parents: _____

Parents' Street Address: _____

City: _____ State: _____ Zip Code: _____

Parents / Guardian Phone #s: () _____ () _____

Description and Location of Tattoos

Gang Background (Your)

Name of Gang: _____ Street Name: _____

Age When First Joined: _____ Currently active in a gang? _____

Reason for Joining: _____

How did you leave the gang? _____

Are you currently on probation or parole? _____

If yes: Agent's Name: _____ What State? _____

P.O. Contact Phone Number: _____

Current Activities

School Name: _____
Principal's Name: _____ Phone # _____
City: _____ State: _____ Zip Code: _____
Employer's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Future Goals & Plans: _____

***Using a separate sheet of paper, explain why you should be accepted for the
Tattoo Removal Program?***

Applicant Signature: _____

I give my permission for _____ to participate in
the Juvenile Tattoo Removal Program pursuant to the terms and conditions I have
agreed to.

Parent/Guardian Signature: _____