

## **NEIGHBORHOOD WATCH FAMILY DATA SHEET**

Any information provided will be used exclusively by the board of directors, the neighborhood watch committee or law enforcement for the sole purpose neighborhood safety, no personal data will be given, sold, or shared in any way other than outlined above without the consent of the homeowner.

**Family Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Adults of Household (including work phone numbers):** \_\_\_\_\_  
\_\_\_\_\_

**Children (Names & Ages):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Residents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **INDIVIDUAL TO CONTACT IN EMERGENCY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home & Work Telephone Number:** \_\_\_\_\_

### **Family Vehicles (Year, Make, Model, License Tag)**

**Vehicle 1:** \_\_\_\_\_

**Vehicle 2:** \_\_\_\_\_

**Vehicle 3:** \_\_\_\_\_

**Vehicle 4:** \_\_\_\_\_

**Any special family health/medical problems:** \_\_\_\_\_  
\_\_\_\_\_

**Any special emergency medical training/skills:** \_\_\_\_\_  
\_\_\_\_\_

**Any other pertinent/important information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NEIGHBORHOOD WATCH PARTICIPATION FORM

I by signing this form agree to participate in the local Neighborhood Watch Program. I further agree that I will make a conscious effort to better protect my neighborhood by becoming aware and involved in this program designed to reduce criminal activity.

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### NAME ADDRESS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

**Block Captain's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone/Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**No. of Homes:** \_\_\_\_\_