



BLOCK WATCH



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TEAM PARTICIPANT LIST

- We the undersigned, wish to participate in the Block Watch Program. Permission is hereby given to provide the Crime Prevention Unit with my name, address, phone number, and e-mail. Unlisted phone numbers may be withheld if desired. The Block Watch Program does not disseminate, share, or distribute this information to anyone and will remove the information at my request.
- By agreeing to participate in the Block Watch Program, I agree to have my personal information placed on a team block map which is shared with the Crime Prevention Unit and Block Watch participants in my neighbourhood. Captains will respect the privacy and confidentiality of participating households who do not wish to share their personal information. If I chose not to share my personal information, I will advise the Captain.

BLOCK WATCH CAPTAIN:
ADDRESS:

BLOCK WATCH #:
DATE:

HOUSE/ UNIT #	STREET NAME	SURNAME, & GIVEN NAME	PHONE #	E-MAIL ADDRESS	SIGNATURE



BLOCK WATCH



HOUSE/ UNIT #	STREET NAME	SURNAME, & GIVEN NAME	PHONE #	E-MAIL ADDRESS	SIGNATURE