



PARTICIPANT LIST – We the undersigned, wish to participate in the Block Watch program. Permission is hereby given to provide the Block Watch coordinator with my name, address, phone number and e-mail address. Unlisted phone numbers may be withheld, if desired. The collected information is not disseminated, shared or distributed. This information will be removed at your request.

House / Unit #	Street name	Full Name (please print clearly)	Phone #	E-mail address	Signature



Block Watch

BLOCK WATCH _____ DATE _____

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