

FINDLAY TOWNSHIP NEIGHBORHOOD CRIME WATCH

AREA GROUP NAME: _____

Name _____ Age: _____

Address: _____

Telephone # _____

OTHER PERSONS RESIDING IN YOUR HOUSE

Names	Ages
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

AUTHORIZATION

I _____, Hereby authorize the Findlay Township crime Prevention Unit to enter our telephone number _____, in the computer aided dial-out system. I understand the computer will automatically dial our telephone number in conjunction with the Neighborhood Crime Watch program of which we are a member.

Date _____ Signature _____