

# Somerfield Neighborhood Watch Program Sign up Form

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of contact:

Phone

Email

\*Optional Information:

Pets:        Yes        No

Name and Breed: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\* We understand that you may not feel comfortable providing all of the information requested. If possible, please fill out at least the first 5 items.

\_\_\_\_\_ Yes, you may share my information with others on my block.

\_\_\_\_\_ All Information        \_\_\_\_\_ Some information (please check mark what we can share

\_\_\_\_\_ No, I do not want my information shared with others on my block.

Signature: \_\_\_\_\_

Date form was filled out: \_\_\_\_/\_\_\_\_/\_\_\_\_

