



APPLICATION FORM

Yes, I would like to participate!

I understand there is no obligation other than my own desire to keep my neighborhood safe. Please send me a *Neighborhood Watch* identification number.

Number _____
(for office use only)

Name: _____

Address: _____

Home/Cell Phone: _____

Email Address: _____

Comments: _____

Mail this application to: Springdale Police Department
Community Service Office
12105 Lawnview Ave.
Springdale, Ohio 45246