

# HAMILTON POLICE DIVISION

## Neighborhood Watch Application

*Don't Let The Bad Guy Win!*

*Officer Steve Fabian, Program Coordinator, Crime Prevention Unit*  
581-4034

Please Print All Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
S.S.N. \_\_\_\_\_  
Sex \_\_\_\_\_  
Hair Color \_\_\_\_\_  
Eye Color \_\_\_\_\_  
D.L. # \_\_\_\_\_



I do hereby voluntarily provide the above information to the Hamilton Police Division for the purpose of my obtaining a Neighborhood Watch Membership. It is my understanding that the information provided will assist the Hamilton Police Division to properly perform a Local, State, and National background record check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Neighborhood Watch Number Assigned \_\_\_\_\_