



Seguin Police Department

Neighborhood Watch Program



Neighborhood you are representing/or area: _____

Neighborhood Coordinator

Name: _____ Address: _____ Phone: _____

Email address: _____

Block Captain

Name: _____ Address: _____ Phone: _____

Email address: _____

Block Watcher

Name: _____ Address: _____ Phone: _____

Email address: _____

Members

Name: _____ Address: _____ Phone: _____

Email address: _____

Name: _____ Address: _____ Phone: _____

Email address: _____

Name: _____ Address: _____ Phone: _____

Email address: _____

Name: _____ Address: _____ Phone: _____

Email address: _____

- Contacted Crime Prevention Office at the Seguin Police Department
- Request a sign for your area/neighborhood

Determined date of first meeting and location: Date: _____ Location: _____

Time: _____

For Office Use Only:

Activate Group: ____ yes ____ no

Place order for sign(s): ____ yes ____ no

Location sign will be placed: _____
(block number) (street name)

Date of inception: _____

Date deactivated as group: _____