



OTTAWA POLICE SERVICE
SERVICE DE POLICE D'OTTAWA

The Trusted Leader in Policing
Le chef de file de confiance dans la police

Neighbourhood Watch Registration Form

Surname: _____		First Name: _____	
Address: _____		City: _____	
Postal Code: _____	Email: _____		
Telephone: _____			

- I wish to be enrolled as a Neighbourhood Watch Member;
- As well as becoming a Neighbourhood Watch Member, I will also consider a position as:
Block Captain _____ or Watch Coordinator _____
- I am interested in having a free Home Security Inspection
- I wish to receive Neighbourhood Watch information by Email.
- Language Preference: English _____ or French _____

Signature of Member: _____

Note: Freedom of Information and Protection of Individual Privacy Act. Personal information on this form is collected under the authority of the Police Services Act s.41 and will be used to register with the **NEIGHBOURHOOD WATCH** Programs. Questions about this collection of personal information should be directed to the Ottawa Police Service Community Police Centre, nearest to you.

Please return this form to your NW Coordinator _____
Or contact City View Community Association at: Cityviewassociation@gmail.com

www.ottawapolice.ca