



**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](mailto:Cityviewassociation@gmail.com)**

www.ottawapolice.ca