

Neighbourhood Watch Registration Form

Surname: _____	First Name: _____
Address: _____	City: <u>Ottawa</u>
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. Date of Birth: _____
yyyy/mm/dd
- ☐ I wish to receive Neighbourhood Watch information when available ~~in the~~ by Email. from the CCA
- ☐ 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
The Cumberland/Orleans Community Police Centre
613-236-1222 ext. 3571
3343 St. Joseph Blvd.

www.ottawapolice.ca