

CITY OF BERWYN NEIGHBORHOOD WATCH BLOCK CAPTAIN APPLICATION

TAKE A BITTE OUT OF	
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Name:	
Address:	
Home Phone:	
Cell Phone:	TANESAUMERIUGE OF
E-Mail:	Grine
Years at current residence:	

I wish to participate as a Neighborhood Watch Block Captain and am willing to give my time and to act as a liaison between my block residents, coordinator and the Berwyn Police Department. I will enthusiastically help support and encourage the residents of my block to participate in crime prevention and community involvement.

I hereby authorize the Berwyn Police Department to conduct a background investigation to determine my eligibility to participate in this program. All of the above information is true and correct to the best of my knowledge.

The Neighborhood Watch Block Captain Program exists not only to increase communication between the Berwyn Police Department and the public, but also to promote dialogue amongst the membership. Members of the program are to understand that their contact information can and will be shared with other members of the program when necessary. I hereby authorize such information sharing amongst the membership of the City of Berwyn Neighborhood Watch Block Captain Program.

Signature

Should you have any questions please contact:
Unit Commander Frank Cimaglia
(708) 795-5600 ext. 3150
fcimaglia@ci.berwyn.il.us

Bring this form into the: Berwyn Police Department 6401 W 31st Street

For Office Use Only	Zone	CQH completed Yes No
Date:		Officer:



Berwyn Police Department



6401 West 31st Street

Berwyn, IL 60402

708-795-5600

Fax (708) 795-5627 Emergency 9-1-1

	Date:		
I,(Name)	,(Date of Birth)		
(Address)	,(City and State)		
Sex	_ Race		
to run a computerized and/or finger criminal history I may have. I under	partment and agents thereof, permission print check to determine any prior stand that the above information will not we agency without my prior permission.		
	Signed:		
Witness:			