



CITY OF BERWYN NEIGHBORHOOD WATCH BLOCK CAPTAIN APPLICATION



Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

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.

Signature

Should you have any questions please contact:
Unit Commander James Sassetti
(708) 795-5600 ext. 3150
jsassetti@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 _____

hereby grant the Berwyn Police Department and agents thereof, permission to run a computerized and/or fingerprint check to determine any prior criminal history I may have. I understand that the above information will not be released to any other investigative agency without my prior permission.

Signed: _____

Witness: _____