



**PUYALLUP POLICE DEPARTMENT
NEIGHBORHOOD WATCH REGISTRATION**

Address/Area: _____
(please be specific with streets and hundred blocks)

Leader Name: _____
Address: _____
Phone(s): _____
Email Address: _____

Co-Leader Name: _____
Address: _____
Phone(s): _____
Email Address: _____

Group has been Active or Semi-Active for # of years: _____

How frequently does your group meet or plan to meet? _____

Approximate number of households participating in your Neighborhood Watch group: _____

Do you have an up-to-date phone tree? Yes No
Does your group communicate with each other by email? Yes No
Does your group plan to participate in National Night Out? Yes No