NEIGHBORHOOD WATCH ATTENDANCE SHEET

Captain_____ **Address**_____ **Zip**_____ **Phone**_____

Hundred Block_____ **Type of Event**_____ **Date**_____

# of Homes in Neighborhood Watch _____ **Homes Attended** _____

- If not collected at the time of the meeting, please return this sheet to **Jefferson City Police Dept., Crime Prevention Office, 401 Monroe St. Jefferson City, MO. 65101**; or fax to us at (573) 634-6318, **within 4 weeks after activity/meeting**.
- You **must** inform our office of any captain/co-captain/assistant captain changes **in order to keep your Neighborhood Watch current and active.**

PLEASE PRINT

NAME	STREET ADDRESS (and E-MAIL ADDRESS optional)	(optional) HOME PHONE

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