"Friends of The Heights"

Neighborhood Crime Watch Program

Sign Up Sheet

Principal Occupant: _____
First Name Last Name

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Address: _____
House # Street Name

Other Occupants:
Relationship First Name Last Name Cell # E-Mail Address

_____
_____
_____
_____
_____

Automobiles: (Optional)
Make Model Year Color License Plate # State

1. _____
2. _____
3. _____
4. _____

Have you identified your property in case it is lost, stolen, or damaged? (Optional)
____ Yes ____No If yes, how?_____Engraving _____Ink Marking ____Other
Do you have an alarm system in your home? _____Yes _____No
If yes, type of alarm system(s): ____Silent _____Audible
If yes, is it monitored? _____Yes _____No If monitored what is the name of your alarm company? _____

I, _____ am interested in and committed to participating in a
(Signature)
Neighborhood Crime Watch Program for The Heights of Jupiter.

I will serve as (please check the boxes next to the position)

- ☐ Chairperson for The Heights of Jupiter Crime Watch Program
- ☐ Co-Chairperson for The Heights of Jupiter Crime Watch Program
- ☐ Street Coordinator for _____ street for The Heights of Jupiter Crime Watch Program

Please fax or e-mail this completed form to: Kristi Coleman, Jupiter Police Department, Police Officer/Community Activities Unit at fax: 746-4545, e-mail: kristic@jupiter.fl.us.