

CRIME WATCH OF STRATFORD
NEIGHBORHOOD WATCH SIGN REQUEST

Please return the completed form with a check made payable to Crime Watch of Stratford (\$25.00 per sign -- please don't send cash) to:

Crime Watch of Stratford
 Stratford Police Department
 900 Longbrook Avenue
 Stratford, CT 06614

Neighborhood Watch Captain: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Total number of signs requested: _____ Date: _____

Please list the CROSS STREETS for **EACH** sign that you are requesting:

Sign	Street		Cross Street (If applicable)	OFFICE USE ONLY
1.	_____	&	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	_____		_____	
2.	_____	&	_____	
	_____		_____	
3.	_____	&	_____	
	_____		_____	
4.	_____	&	_____	
	_____		_____	
5.	_____	&	_____	
	_____		_____	

FOR OFFICE USE ONLY

DATE RECEIVED BY CW: _____ DATE SENT TO TR. DEPT: _____
 DATE REC'D BY TR. DEPT: _____ DATE INSTALLED: _____ BY: _____