

# COMMUNITY BLOCK WATCH APPLICATION

## Applicant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Spouse:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I, the undersigned, hereby authorize the Village of Walton Hills to inquire and determine whether or not I have ever been investigated, charged or convicted of a criminal offence. I further authorize the above information for such an inquiry and affirm that I am of good character. The original will be retained by the Walton Hills Police Department. The Village of Walton Hills reserves the right to revoke any block watch status.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It should be understood that due to the nature of the block watch program, applicants should be reliable and trustworthy. For the protection of all concerned, the Village of Walton Hills requires the above information. All information contained above is completely confidential.*

Please return to the Walton Hills Police Department: 7595 Walton Road, Walton Hills, OH 44146