Berwyn Police Department

Neighborhood Watch

Concern Card

Date: _____ Area: _____

Resident Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Are they interested in the Neighborhood Watch or Block Captain Program? :

_____ Yes _____ No

Complaints and/or Concerns:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Officer / Block Captain (circle one) Name and Star: _____

For Office Use Only **___Police** **___City Hall**

___Health Department **___Public Works**

___Alderman **___Other (specify) _____**

Disposition:

_____

_____

_____

_____