



Pasco Police Department

Neighborhood Watch Application

Applicant

Last Name	First Name	Middle Name
Date of Birth mm/dd/yy	Drivers License Number	Maiden Name
Home address		
Home phone	Work Phone	E-Mail

Spouse

Last Name	First Name	Middle name
Date of Birth mm/dd/yy	Drivers license number	Maiden name

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 Pasco Police Department requires the above information. All information contained above is completely confidential. I, the undersigned, hereby authorize the Pasco Police Department to inquire and determine whether or not I have ever been investigated, charged or convicted of a criminal offence. I further authorize the Department to obtain a full and complete disclosure of all the facts uncovered. I have provided the above information for such an inquiry and affirm that I am of good character. This original will be retained by the Pasco Police Department and housed at the local mini-station. The Pasco Police Department reserves the right to revoke Block Watch Status.

Applicant Signature: _____ **Spouse signature:** _____

POLICE USE ONLY	
<i>FORM RECEIVED</i>	
<i>RECORD CHECK</i>	
<i>PROCESS COMPLETION LETTER</i>	
<i>FIRST MEETING</i>	

Please List all residents, not listed on page 1, in your household, over the age of 12.

I the undersigned, authorize the Pasco Police Department to inquire and determine whether or not I have ever been investigated, charged or convicted or a criminal offense. I further authorize the Pasco Police Department to obtain a full and complete disclosure of all facts uncovered. I have provided the following information for such an inquiry and affirm that I am of good character. All information below is completely confidential.

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yy)	Signature	
Record Check		

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yy)	Signature	
Record Check		

Last Name	First Name	Middle Name
Date of Birth (mm/dd/yy)	Signature	
Record Check		

<p>Record check: <input type="checkbox"/> No Record <input type="checkbox"/> Record attached by: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Reason) _____</p> <p>Approved by: _____</p>
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