

# City of Whitehall

## MOBILE COMMUNITY WATCH PROGRAM APPLICATION FORM

(PLEASE PRINT OR TYPE CLEARLY)

APPLICATION **MUST** BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM

NAME: (FIRST, MI, LAST)		
CURRENT STREET ADDRESS	STATE	ZIP CODE
PREVIOUS ADDRESS	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE
DRIVERS LICENSE #	STATE ISSUED	DATE OF EXPIRATION
EMAIL ADDRESS		
EMPLOYER		
STREET ADDRESS	STATE	ZIP CODE

LIST ALL CRIMINAL AND TRAFFIC CONVICTIONS:

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\*Application cannot be processed without the above information.

