

City Of Port Wentworth  
Community Watch Information

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Names:**

Adult Male: \_\_\_\_\_ Adult Female: \_\_\_\_\_

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_ Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_ Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

Other Member: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**In Case Of Emergency Contact:**

Name: \_\_\_\_\_ Telephone- Home: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone- Work: \_\_\_\_\_

Other Pertinent Information- Explain: \_\_\_\_\_

**Check Appropriate Block Below:**

Are You Interested In Community Watch: Yes \_\_\_\_\_ No \_\_\_\_\_

Are You Interested In Crime Prevention In Your Community: Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Ask for Information on any of the Below Positions:

Position: Block Watcher: \_\_\_\_\_ Block Captain: \_\_\_\_\_ Block Co- Captain: \_\_\_\_\_

Would You Like More Information on Home Security: Yes \_\_\_\_\_ No \_\_\_\_\_

Would You Like To Have A Security Survey In Your Home: Yes \_\_\_\_\_ No \_\_\_\_\_

Note: **Please fill out this form completely and print or write clearly.** When completed, bring this form by the Port Wentworth Police Department or mail to:

Lieutenant Alan Baker  
Port Wentworth Police Department  
323 Cantyre Street, Port Wentworth, Georgia 31407  
Phone (912) 964-4360 Fax- (912) 964-7405  
Email : [abaker@cityofportwentworth.com](mailto:abaker@cityofportwentworth.com)  
City Web Site: [www.cityofportwentworth.com](http://www.cityofportwentworth.com)

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