

MY WATCH
Indication of Interest

**Please fill out the form below,
save it on your computer (Click on File, choose "Save Page As"),
then send it to us as an attachment to info@safetynetcommunity.net.**

Name _____

Address _____

City _____ State _____ Zip _____

Name of neighborhood, if any _____

Phone number _____

Email _____

Briefly describe your neighborhood

Briefly explain your interest in My Watch

Check the following:

_____ Let me know if there is already a My Watch network in my neighborhood

_____ Contact me about how to start a My Watch network in my neighborhood

_____ Let me know when there are My Watch meetings.