

# DEVONSHIRE NEIGHORHOOD WATCH

The "Neighborhood Watch Program" has been developed using the guidelines furnished by the Clermont Police and Lake County Sheriff's office. This form was created as a record of "emergency contacts" for the residents of Devonshire listed below and is to be used exclusively should an emergency arise at your residence. This information will be kept confidential and may not be shared other than with leaders of the Devonshire Neighborhood Watch team (i.e. coordinator, block captain, and designated board member). By signing this form, you agree to the statement above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

.....  
PLEASED PRINT

Lot # \_\_\_\_\_

Resident's Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Do You Have Vial Of Life? (Y/N): \_\_\_\_\_

Seasonal Resident (Y/N): \_\_\_\_\_ Contact Number When Away: \_\_\_\_\_

Emergency Contacts (Family Member or Neighbor):

1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Do They Have A Key? (Y/N)?: \_\_\_\_\_

2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Do They Have A Key? (Y/N)?: \_\_\_\_\_

RENTERS: Please furnish Name, Address, and Phone Number of Owner

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

PLEASE RETURN THIS COMPLETED FORM TO YOUR "BLOCK CAPTAIN"

Your Block Captain Is: \_\_\_\_\_ Phone: \_\_\_\_\_

Neighborhood Watch Coordinator: DARLENE BELLUCCI

Phone: 352-638-0939