

PLEASE PRINT NEATLY

NEIGHBORHOOD WATCH DIRECTORY INFORMATION

As part of the process of making our Neighborhood Watch work effectively, we are compiling this directory. This data will prove valuable in emergencies and allow us to say, "We Watch out for Each Other!" Each participating neighbor will receive a copy of the directory. Participation is voluntary. **PROVIDE ONLY INFORMATION YOU ARE COMFORTABLE SHARING**, and: return completed form to the HOA secretary **Maxine Knight** at **172 Raulston Drive 601-372-7097**, or mail to Hinds County Sheriff's Department Crime Prevention/TRIAD Unit, 1450 County Farm Road, Raymond, MS 39154, **Telephone: 601-857-4844**

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LAST NAME: \_\_\_\_\_

HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_

CHILDREN LIVING AT HOME: \_\_\_\_\_  
(Name & Age)

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELLULAR \_\_\_\_\_

WORK NUMBER: HIS: \_\_\_\_\_ HERS: \_\_\_\_\_

WORK SCHEDULES: \_\_\_\_\_

Husband

Wife

EMERGENCY CONTACT: \_\_\_\_\_  
(Name)

(Address; Phone Number; Relation)

ROUTINE HELP AND THEIR SCHEDULES: \_\_\_\_\_  
(House Cleaning, Gardening, Etc.)

(OVER)

<b>VEHICLES:</b>	<b>YEAR</b>	<b>COLOR</b>	<b>MAKE/MODEL</b>	<b>TAG#</b>
CAR#1	_____	_____	_____	_____
CAR#2	_____	_____	_____	_____
CAR#3	_____	_____	_____	_____
CAR#4	_____	_____	_____	_____

**CHILDREN'S SITTER OR AFTER SCHOOL CARE AND NUMBERS:**

\_\_\_\_\_

**DOCTORS AND NUMDER:**

\_\_\_\_\_

**(Children)**

\_\_\_\_\_

**(Adults)**

**SPECIAL MEDICAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

**PETS:**

\_\_\_\_\_

**ALARM SYSTEM:**

\_\_\_\_\_

**(Company Name and Number)**

**SKILLS YOU ARE WILL TO SHARE:**

\_\_\_\_\_

\_\_\_\_\_

**(I.E., Telephone, Computer, Serve as Block Captain, Committee Chairman, Cooking Etc.)**

**ADDITIONAL INFORATION:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_