



LEESBURG POLICE DEPARTMENT COMMUNITY WATCH

DOCUMENT OF UNDERSTANDING

I, _____ residing at _____
in the residential community known as _____ agree
to the following conditions as a participant in the **Leesburg Police Department's
Community Watch Program.**

I agree:

- To keep my email up to date with my coordinator
- To attend the classes sponsored by my Community Watch.
- To apply the skills and techniques taught in the instructional classes provided by the Leesburg Police Department.
- To remain watchful over my community in the course of my daily routine.
- To promptly notify the Leesburg Police Department of any suspicious or unusual activity I may observe in or around my community.
- To work with my fellow community members to bring about positive changes in my community.

Signature: _____ Date: _____

Participant's Information: (please print)

Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

Working Together for a Safer Community