



GARLAND POLICE DEPARTMENT
Neighborhood Crime Watch (NCW)
Application

NAME: (Last) _____ (First) _____ (Middle) _____

NOTE: This information is being used to locate records within the Texas Department of Public Safety, your criminal history, if any, and other records as needed. Please use your complete name, and not nicknames or initials.

Personal: DOB: ____/____/____ DL: _____
SSN: _____ Sex: M F

HOME: Street: _____
City: _____ State: _____ Zip: _____

BUSINESS: Employer : _____ Occupation: _____
Street: _____
City: _____ State: _____ Zip: _____

TELEPHONE: Home: () _____ Work: () _____

NCW GROUP: _____

I understand that my signature authorizes the Garland Police Department to verify all statements made in this application. I further authorize the Garland Police Department to conduct a complete criminal history check on myself as a requirement of entry into the Neighborhood Crime Watch Program.

Signature

_____/_____/_____
Date

Return Original Copy to: Officer C. D. Trusty
Garland Police Department
1891 Forest Ln.
Garland, TX 75042