



**UNIVERSITY CITY POLICE DEPARTMENT
BUREAU OF PROFESSIONAL STANDARDS**



2006 NATIONAL NIGHT OUT AGAINST CRIME REGISTRATION FORM

NEIGHBORHOOD WATCH/BLOCK UNIT: _____

**() WILL () WILL NOT BE PARTICIPATING IN THE 2006 NATIONAL NIGHT OUT
AGAINST CRIME ON TUESDAY, AUGUST 1st.**

BLOCK COORDINATORS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

**PLEASE RETURN THIS FORM TO THE UNIVERSITY CITY POLICE DEPARTMENT, CRIME
PREVENTION UNIT, ATTENTION: LIEUTENANT ANDERSON.**

**GLOW STICKS AND BALLOONS WILL BE DISTRIBUTED AT THE ACTIVITY SITE – HEMAN
PARK.**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LIEUTENANT ANDERSON AT:

505-8686 OR wanderson@ucitymo.org
