



**City of Annapolis**  
Police Department  
199 Taylor Avenue  
Annapolis, MD 21401-3421



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Deaf, hard of hearing or speech disability - use MD Relay or 711

## Neighborhood Watch Program Registration Form

Type or print:

Name \_\_\_\_\_ , \_\_\_\_\_  
*Last* *First* *Middle*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phones Home \_\_\_\_\_ Cell \_\_\_\_\_ optional

Email \_\_\_\_\_

Community name \_\_\_\_\_ Ward \_\_\_\_\_

Would you consider being a Block Captain?      Yes      No

For additional information contact **Sgt. Jessica Kirchner** at 410-268-9000 ext 7233 or [jkirchner@annapolis.gov](mailto:jkirchner@annapolis.gov).