



Block Watch Group # _____

Date: _____	<p>Please Read: Participation in the Block Watch Program is voluntary. By signing this form, you are agreeing to provide information to the program and the Surrey RCMP for record purposes and to be contacted from time to time by telephone, mail or email by the Block Watch Office or your Block Watch Captain/ Co-Captain. The Block Watch program does not disseminate, share, or distribute this information to anyone and will remove you at your request.</p>
Address: _____	
Captain: _____	
Co-Captain: _____	

	Surname:	First Name:	Signature or Verbal Consent:	Address:	Phone:	Email:
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