



NEIGHBORHOOD WATCH



P.O. Box 70
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www.TownofAtoka.com/APD

DATE

SUBDIVISION STREET ADDRESS

LAST NAME FIRST NAME

THE ABOVE RESIDENTS WILL BE AWAY FROM HOME FOR THE PERIOD OF TIME INDICATED BELOW. DURING THIS PERIOD OF TIME, THE ATOKA POLICE DEPARTMENT WILL CHECK THE PROPERTY.

DATE OF DEPARTURE DATE OF RETURN

CONTACT DURING YOUR ABSENCE

NAME TELEPHONE #

VEHICLES LEFT ON THE PROPERTY

YEAR MAKE MODEL

LIGHTS LEFT ON _____

LIGHTS ON TIMER _____
YES NO

PERSONS AUTHORIZED ON PROPERTY

NAME VEHICLE

SIGNATURE DATE