

## APPLICATION FOR NEIGHBORHOOD WATCH SIGNS

**TO THE POLICE CHIEF:** We hereby apply for a special **NEIGHBORHOOD WATCH SIGN(s)** as provided for by city ordinance #417-1983, Blockwatch Signs.

Community Council: Address:
--------------------------------

Names, addresses and telephone numbers of people authorized to represent this permit on all matters		

Number of sign(s) requested <u>1</u> . Proposed location(s) of sign(s). NOTE: Use numerical addresses.

Number of Neighborhood Watch trained households \_\_\_\_\_  
 Number of Dwellings in watch area \_\_\_\_\_

This application is granted subject to the following conditions:

- A. The Police District serving your community will have final authority to approve or reject this application based on the following criteria:
  - 1. Fifty percent [50%]\* of the neighborhood community group should be members.
  - 2. If the fifty-percent participation is not met, the affected police district's neighborhood officer will provide this information along with a recommendation to the District Commander.
  - 3. The neighborhood community group should be capable of demonstrating its organization, vitality and willingness to maintain the continued interest in the program.
- B. A fee of \$30.00 is required for **each** sign requested and must be submitted with the application. Remittance will only be accepted in the form of a check or money order made payable to the City of Cincinnati.
- C. The Police Department and Traffic and Road Operations Division reserve the right to modify the number and placement of signs.
- D. The community agrees that if replacement becomes necessary the replacement costs will be the responsibility of the community group.

**\*The Police Department has established the fifty percent [50%] neighborhood group participation as a desirable goal for acceptance into the sign program. The District Neighborhood Officer may request and exemption to the goal from the District Commander.**

Police Neighborhood Supervisor \_\_\_\_\_ Date December 8, 2009

Police Department Commander \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_ Date \_\_\_\_\_

Copies To: Original Applicant  
 Traffic Engineering  
 COPP Coordinator