

ENHANCED NEIGHBORHOOD WATCH ACTION REQUEST FORM

This form can be mailed or dropped off at New Lenox Police Department 701 W. Haven Ave.
or faxed to 815-462-6101

RESIDENT TO COMPLETE

Subdivision/Area: _____

Contact Person: Name: _____

Phone Number: _____

Person Reporting Occurrence: _____

Address, phone number: _____

Location, Date and Time of Occurrence: _____

Type of Occurrence:

Traffic Related Graffiti/Vandalism

Suspicious activity Other (explain)

Narrative: _____

POLICE DEPARTMENT USE ONLY

Officer Name: _____

Action Taken (If applicable): _____

Isolated More than one resident concerned Police Report Recommended/Taken

Report #: _____

COMMUNITY POLICING

Action Taken: _____

Meeting Place, Date and Time: _____

FORWARDED TO: Traffic Investigations Other Department