



North Battleford

Eyes That Care Application Form

Yes, I want to join Eyes That Care, help keep my community safer, and receive my **FREE Security Light!**

- I agree to properly install my security light in an area which will help deter theft.
- I agree to clearly display my "Eyes That Care" sign in my window.
- I agree to meet with my neighbours and help watch over my neighbourhood.
- I agree to call in any suspicious behaviours to the RCMP.
- I agree to remove valuables, and lock my vehicles and residence to deter theft.
- I agree to close my windows and ensure sightlines are clear around doorway
- I agree to receiving regular emails from the City relating to Community Safety

(Last Name) (First Name)

(House Number) (Street Name)

(City) (Province) (Postal Code)

(Email Address) (Contact Number)

Additional Comments:

(Applicant's Signature) (Date)

(City Manager's Signature) (Date)

