



Name:

Mailing/Street Address:

City:  Postal Code:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Fax Number:

Email:

Date of Birth:  (Year-Month-Day)

Patrol time preferred - please indicate the days/times that would work best for you to be on patrol.

Do you consent to having your contact information shared with other COPP members?  
 Yes  
 No

How did you hear about COPP?

A person applying to join the Citizens on Patrol Program is obligated to attend at least six meetings a year and go on patrol a minimum of 12 patrols a year, unless unusual circumstances prevent it.

\_\_\_\_\_  
Signature

Date

Please return to City of North Battleford  
1291-101<sup>st</sup> Street, Box 460  
North Battleford, SK S9A 2Y6