



National Night Out

Participation Form
Tuesday, August 5, 2014
5-9 pm



Organizer's Name (Please Print):

Organizer's Address:

Address where event will be held:

Organizer's Phone Number: (____) _____

Organizer's Email Address: _____

Approximately how many neighbors will participate? _____

Briefly describe your group's plans for National Night Out (Including Your Get Together Time Frame):

Representatives from the Covina Police Department will visit all participating neighborhoods. Please return this form to the Covina Police Department, 444 N. Citrus Ave., Covina, CA 91723 Attention: Crime Prevention Unit by July 18, 2014. For more information about this event please contact the Crime Prevention Unit at (626) 384-5630 or by email at cbobkiewicz@covinaca.gov