

SPEED WATCH SIGN UP SHEET

Name: _____

Address: _____

Phone No. _____ Cell No. _____

Community: _____

Possible days and times available:

Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Time of Day: _____
(approximately two and four-hour shifts)

**In your community, in what locations do you feel speeding is
a concern:**

Please return completed form to a Police Station near you.