



CITY OF CLEVER POLICE DEPARTMENT  
SAFE RESIDENCE ENROLLMENT FORM

**PROPERTY OWNER INFORMATION**

NAME:
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PHONE:
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EMAIL:
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ADDRESS:	CITY:	STATE/ZIP:
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**RENTAL PROPERTY ADDRESS(ES):**

01	ADDRESS:
02	ADDRESS:
03	ADDRESS:
04	ADDRESS:
05	ADDRESS:
06	ADDRESS:
07	ADDRESS:
08	ADDRESS:
09	ADDRESS:
10	ADDRESS:

- If you have more than ten (10) properties, please include the additional address(es) in the comments box below.

ADDITIONAL COMMENTS:
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