



Operation Town Watch Monthly Report

Group Name: _____

For the month ending: _____

District/Division: _____

Totals for the previous Month:

NUMBER OF ACTIVE MEMBERS:

TOTAL NUMBER OF HOURS PATROLLED THIS MONTH:

NUMBER OF 911 CALLS:

AVERAGE NUMBER OF MEMBERS EACH PATROL:

SCHEDULED DAYS OF PATROL: (circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

MEMBERSHIP CHANGES:

ADD:

DELETE:

PROBLEMS NEEDING DISTRICT ATTENTION:

Signature of person filing report

Date report filed

Report is to be filed with the District Community Relations Officer and Trainer/Recruiter by the 15th of the month.