

**Attachment B- Neighborhood Petition Form (Page 1)**

Please fill out this form and return with attached sheets to:

Concord Police Department  
Community Safety Officer  
219 Walden Street, P.O. Box 519  
Concord, MA. 01742  
Fax: 978-369-8420

THE UNDERSIGNED AGREE TO THE FOLLOWING:

1. All persons signing this petition do hereby certify that they own property or reside within the following area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. All persons signing this petition do hereby agree to the following problem in the defined area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. All persons signing this petition do hereby agree that the following contact person(s) represents the neighborhood in matters pertaining to items 1 and 2 above:

Name of key contact person #1 (please print): \_\_\_\_\_

Address, City, and Zip Code: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of key contact person #2 (optional) (please print): \_\_\_\_\_

Address, City, and Zip Code: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please attach additional pages if necessary to discuss the request.*

Date Submitted: \_\_\_\_\_

