

# NO METH - NOT HERE!

## Neighborhood Activity Log

**Never place yourself in any danger trying to gather information.**

Always call 9-1-1 immediately if there is any reason to believe you or someone else is in danger or that an in-progress crime being committed.

Date	Start Time	Activity Description	License Number	Vehicle Description	# of Persons	Name or Description of Each Person	End Time	Other	Initial
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		
/ /	: <input type="checkbox"/> am <input type="checkbox"/> pm						: <input type="checkbox"/> am <input type="checkbox"/> pm		

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_