



Edinburg Police Department Dog Walker Watch Membership Application

Name: _____ **Age:** _____

Address: _____ **Phone:** _____

Email: _____

Dog(s) name and breed: _____

What is your usual walking route? _____

What is your usual walking time(s)? _____

**Please be sure to log your walking hours daily by date and time. You will
turn in your logs at the quarterly meetings hosted by Edinburg Police Dept.**