



# Greensboro Apartment Watch Program Agreement

Community \_\_\_\_\_

Address \_\_\_\_\_

City, State and zip code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner / Management Company \_\_\_\_\_

I understand the requirements involved in the Greensboro Apartment Watch Program. I am willing to participate in the program, and meet the criteria for achieving certification on the property listed above.

I do understand if the property listed above fails to meet the criteria, or willingly discontinues the program, the Apartment Watch signs will be removed, and the property can no longer advertise being part of this program.

\_\_\_\_\_

(Management/Owner)

(Date)

\_\_\_\_\_

(Manager)

(Date)

\_\_\_\_\_

(Officer)

(Date)

[ ] Property Approved On: \_\_\_\_\_

[ ] Property Not Approved On: \_\_\_\_\_

