



**LACOMBE COUNTY POLICY EN(10) RURAL CRIME WATCH  
ANNUAL REPORTING FORM – OPERATING GRANT**

Reporting Year: \_\_\_\_\_

Rural Crime Watch Group \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

Brief Description of Group's Activities: \_\_\_\_\_

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

**Financial Information:**

Revenue \_\_\_\_\_

Expenditures \_\_\_\_\_

Surplus or Deficit \_\_\_\_\_

Verification that Group will be operational in 20\_\_\_\_

Signature of Group Representative: \_\_\_\_\_

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

Please complete and return to Lacombe County by May 31<sup>st</sup> of each year