



City of Reno
Crime-Free Multi-Housing
Training Application

DATE: _____

First Name: _____

Last Name: _____

JOB TITLE: # of UNITS _____

APARTMENT/COMMUNITY NAME: _____

ADDRESS: _____

Number

Street

City

State

Zip Code

PHONE: _____

Work

Home

Cell

Fax

E-MAIL ADDRESS: _____

EMPLOYER/MANAGEMENT CO. _____

**MAIL TO: Crime-Free Multi-Housing Coordinator, Community Action Team,
Reno Police Department,
P.O. Box 1900, Reno, NV 89505**

OR

**e-mail form as an attachment to:
phoenix@reno.gov**

OR

FAX: 775-334-2157 ATTN : CAO Office