



REGISTRATION FORM

Reg No.

Co-ordinators Name

Address

.....

Postcode

Tel No[Answerphone Yes/No]

Fax

E-Mail Address

Deputy Co-ord Name

Address

.....

Post Code

Tel[Answerphone Yes/No]

Fax

E-Mail Address

Total number of houses in your scheme Name of Parish

.....

DATA PROTECTION ACT

Personal data supplied on this form may be held and / or verified by reference to information already held on computer.

	Co/Ord	Deputy
*I have checked the above details, they are correct or have been altered as shown	Yes/No	Yes/No
*I give my consent for these details to be stored / made reference to on a computer based data system	Yes/No	Yes/No
*I give my consent for these details to be passed to the Crime Prevention Panel/ Neighbourhood Watch Association / Neighbourhood Watch Co-ordinators in your area for the sole purpose of supporting the aims of Neighbourhood Watch	Yes/No	Yes/No
*I agree to my phone number being used to receive "Voice Mail" phone broadcasts	Yes/No	Yes/No
*I will advise the Police of any changes in the above details or I no longer wish to be a co-ordinator	Yes/No	Yes/No

Co-ordinator Signed **Dated**

Deputy Signed **Dated**