

BUSINESS WATCH REGISTRATION FORM



I (Full name)

Business (Name, Address & Postcode)

Tel number

Email.....

Having been elected **Co-ordinator** apply for registration as a Business Watch for the businesses listed below. I will undertake to notify the members and the Neighbourhood Policing Team should I resign the position. The members are aware, that in that event, failure to appoint a successor will result in the registration being rescinded and they will no longer be entitled to the benefits of belonging to a Business Watch Scheme. I am aware that the details will be held on computer and I will be assisted as **Deputy Co-ordinator** by

Full name

Business (Name, Address and Postcode)

Tel number

Email

MEMBERS TO BE REGISTERED

	NAME	BUSINESS NAME	ADDRESS	TEL NO
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

BUSINESS WATCH REGISTRATION FORM

	NAME	BUSINESS NAME	ADDRESS	TEL NO
11				
12				
13				
14				
15				
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17				
18				
19				
20				

SIGNED

DATED/...../.....

OFFICE USE ONLY

Date of initial meeting/...../.....

Neighbourhood Officer

Beat

Entered on computer/...../.....

Scheme Number



BUSINESS WATCH REGISTRATION FORM CONTINUATION

Scheme Number

	<i>NAME</i>	<i>BUSINESS NAME</i>	<i>ADDRESS</i>	<i>TEL NO</i>
21				
22				
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BUSINESS WATCH REGISTRATION FORM CONTINUATION

Scheme Number

	<i>NAME</i>	<i>BUSINESS NAME</i>	<i>ADDRESS</i>	<i>TEL NO</i>
39				
40				
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