



ShopWatch Survey

Help us to help you

1. Have you suffer If yes, details			Yes/No
2. What crime prev	vention measures	do you have in place?	
3. What measures		100 CONTROL OF THE CO	
4. Would you be w	rilling to join a free	snow ball scheme and	
		akes Business Against	Crime Partnership
Title Forei	name:	Surname:	
Address:			
Postcode:			
Do you agree to these of for the purposes of Sho		the Voice Connect System	Database and used
Yes/No		Signature:	
		Date:	
Telephone Number:		Email address:	
	crime and disorder partner	oWatch Co-ordinators, Cumbria Co r agencies, for Shopwatch and P nout your permission.	
Association which represents	and supports members, pr	e of charge) a member of Cumbria rovides newsletters etc. Your conta cross in the box	act details will be forwarded
co-ordinator or pass it on to	o someone else could yo	correct should you decide to fini u please inform (PUT YOUR COI SITE) so that records can be amen	NTACT DETAILS HERE -

deleted from the database
The original registration form will be retained by Community Safety Unit in BCUs who will forward your name and contact details to the Administrative Secretary CNWA at pandcmakin@aol.com