



PLEASE COMPLETE THE BELOW DETAILS AND HAND IN TO YOUR LOCAL POLICE STATION OR SEND BY POST TO:

**Communities & Partnerships Office,
Middlehaven Police Headquarters,
Bridge Street West,
Middlesbrough,
TS1 2AB.**

Name:

Address:

Postcode:

Address has CCTV (tick): [] Yes [] No

E-mail address:

Landline telephone number:

Mobile telephone number:

Signature: Date:

I would like to sign up to (tick all applicable):

<input type="checkbox"/>	Neighbourhood Watch	<input type="checkbox"/>	Rural Watch	<input type="checkbox"/>	Student Watch
<input type="checkbox"/>	Faith Watch	<input type="checkbox"/>	Shop Watch	<input type="checkbox"/>	Business Watch

I would like to opt out of receiving messages regarding (tick all applicable):

<input type="checkbox"/>	Local Authority Activity	<input type="checkbox"/>	Other Emergency Services	<input type="checkbox"/>	Emergency Planning
<input type="checkbox"/>	Environment Agency	<input type="checkbox"/>	Other Community Safety Partners	<input type="checkbox"/>	Police Governance

