EPPING FOREST NEIGHBOURHOOD WATCH

MEMBERSHIP FORM

I am interested in setting up / joining a Neighbourho	od Watch (NHW) group.
Name:	
Address:	
Tel or Mobile Number:	
Email:	
details will not be passed on to any other group or org than to notify you about crime in your distict and cri recommendation of services or community notices. ` at any time and if you have a complaint about the way copying in eppingforestnhw@outlook.com . By s	by your local Neighbourhood Watch Coordinator. Your ganisation, nor will they be used for any purpose other ime prevention issues. You will not receive any sales, You may ask us to remove you from our circulation list we use your data, please email your NHW Coordinator, igning this document you are agreeing to join de of Ethics, a copy of which has been given to you and veedge/ethics-guidelines/.
I / We agree to be contacted by our local NHW Coord Yes / No	linator and / or Epping Forest Neighbourhood Watch.
I / We agree that contact details may be shared with	Essex Police Yes / No
I / We are happy to receive information about crime f	from NHW and Essex Police Yes / No
I / We agree to report crime to Essex Police, and to in may circulate information (without identifying you) a neighbours. Yes / No	•
Signed: D	rated: