

# **Safety Audit Program Steering Committee**

## ***Registration Form***

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Address (for Safety Audit correspondence)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Area covered by Safety Audit (City/Town) \_\_\_\_\_

Suburb/Area \_\_\_\_\_

Boundaries (specify streets to be covered) \_\_\_\_\_

\_\_\_\_\_

*Attach map of area to be audited to this form*

Proposed commencement date \_\_\_\_\_

Proposed completion date \_\_\_\_\_

### **PLEASE INDICATE THE NAMES OF TWO PRINCIPAL CONTACT PEOPLE**

1. Name (in full) \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

2. Name (in full) \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Return to: State Coordinator  
Safety Audit Program  
Crime Prevention Unit  
Queensland Police Service  
GPO Box 1440  
Brisbane Qld 4001