

ATTENDANCE FORM 14 April Community Meeting

We would appreciate you completing all details listed below, and hand it in or leave it on the chair when you leave the meeting. Thank you!

Name + Surname:

Partner's Name + Surname:

Physical Address:

Home Tel: ()..... Cell No.....

Email address:

Please tick to indicate your membership status for our records:

PCA + Coin Member PCA member only

Not PCA or Coin member Other.....



The PCA would appreciate learning what is important to you. Please would you tick the following boxes, and add your comments.

KEEP ON WITH PCA-PROTEA COIN INITIATIVE?	YES	NO
2nd ARMED RESPONSE OFFICER IN VEHICLES at extra cost	YES	NO
COMMUNICATION CONTROL ROOM - would you use it?	YES	NO
RESIDENT RADIO NETWORK - would you take one?	YES	NO
STREET CAPTAIN/REPRESENTATIVE - would you volunteer?	YES	NO
REACTION RESIDENT - would you volunteer?	YES	NO
ROAD CLOSURES - Are you in favour?	YES	NO

Comments:

