

## C.O.P.S. Business Watch Survey

Date:	Time:	
Business Name:	Contact Person:	
Phone: (    )	Contact Email:	
Address of Business:	Type of Business:	
Do you:  <input type="checkbox"/> OWN or <input type="checkbox"/> LEASE your building?	Owner of Business:	If you lease, who is your landlord?

### MAIN CONCERNS REGARDING CRIME:

- |                                   |   |                                    |                                      |
|-----------------------------------|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Malicious Mischief | <input type="checkbox"/> Graffiti  | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Robbery  | <input type="checkbox"/> Vehicle Prowling   | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Other       |

PLEASE EXPLAIN IN DETAIL YOUR CONCERNS:

What would you consider your number one concern regarding crime prevention at your business?

Please list any other questions, concerns, problems, or issues your business has regarding crime:

I would like to register my business with Business Watch.     YES     NO

THANK YOU FOR COMPLETING THIS SURVEY