

# Business Watch Network



## MEMBERSHIP APPLICATION / SECURITY CLEARANCE – CONFIDENTIAL

### PLEASE PRINT AND COMPLETE:

- 1) BUSINESS FULL LEGAL NAME: \_\_\_\_\_
- 2) ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_
- 3) PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
- 4) E-MAIL ADDRESS: \_\_\_\_\_
- 5) WOULD YOU PREFER TO RECEIVE SOME INFORMATION BY E-MAIL Yes / No
  - (Only Stolen Auto and General Information can be emailed at this time.)
- 6) FULL NAME AND DATE OF BIRTH (YR/MO/DAY)
  - a. OWNER / MANAGER: \_\_\_\_\_ D.O.B. \_\_\_\_\_
  - b. OTHERS WHO WOULD HAVE ACCESS TO SENSITIVE SECURITY INFORMATION:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

*CONTINUE LIST AS NEEDED ON SEPARATE SHEET AND ATTACH.*

- (Date of Birth is required in order to complete application).

BECAUSE OF THE NATURE OF SOME OF THE INFORMATION TRANSMITTED TO MEMEBERS OF BUSINESS WATCH NETWORK, APPLICATION FOR MEMBERSHIP IS AT THE DISCRETION OF THE REGINA POLICE SERVICE.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

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### FOR POLICE USE ONLY:

COMMENT:

OFFICER: \_\_\_\_\_ BADGE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Business Watch Network

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P.O. BOX 196, Regina, SK S4P 2Z8

Phone: (306) 777-6355

Fax: (306) 777-6505

E-mail: [bwn@police.regina.sk.ca](mailto:bwn@police.regina.sk.ca)

## Business Watch Network Membership Agreement

**A. Business Watch Network agrees to...**

1. Promptly relay time sensitive crime information you have selected.
2. Provide tips from the Business Watch Crime Prevention Library.
3. Send you only what you want to receive. What you order can be revised.
4. Protect our list and database from compromise.

For BWN: \_\_\_\_\_

**B. You, as a Business Watch Network member, agree to...**

1. Reportable crime is called to police first: emergency is 9-1-1; other is local Police Dept. at 777-6500.
2. Fax, e-mail or phone intelligence reports to Business Watch Network. Help protect businesses.
3. Circulate and post bulletins and intelligence properly for your business.
4. Refrain from unauthorized disclosure or re-transmission in any manner to non-members.

Signed: \_\_\_\_\_

## Business Watch Network Crime Information Menu

(Check off what you want to receive.)

- \_\_\_ Advertising
- \_\_\_ Armed Robbery
- \_\_\_ Crime Stoppers
- \_\_\_ Cheques/Cards/Refunds
- \_\_\_ Counterfeiting
- \_\_\_ Electronics
- \_\_\_ Fraudulent no – Bill Refunds
- \_\_\_ General Announcement

- \_\_\_ Schemes & Scam
- \_\_\_ Gang Activity
- \_\_\_ Stolen Auto \* faxed daily
- \_\_\_ Thefts
- \_\_\_ Missing Persons
- \_\_\_ Suspicious Person/Vehicle
- \_\_\_ Shoplifting
- \_\_\_ Crime Stat Mapping \* Email only

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EMPLOYEE’S CONFIDENTIALITY  
UNDERSTANDING AND AGREEMENT  
REGARDING BUSINESS WATCH NETWORK  
LEVEL 3 INFORMATION

I UNDERSTAND THAT LEVEL 3 INFORMATION IS CONFIDENTIAL  
TO THE MANAGER IN CHARGE OF SECURITY OR WHOMEVER HE  
AUTHORIZES IT TO BE RELEASED TO.

**I AGREE TO ABIDE BY THESE GUIDELINES.**

\_\_\_\_\_  
EMPLOYEE    DATE

\_\_\_\_\_  
EMPLOYER    DATE