



WATCHSA NOTICE OF CHANGE OF OFFICE BEARER DETAILS AND/OR AREA STATUS

WATCHSA PROGRAM: NEIGHBOURHOOD BUSINESS SCHOOL HEALTH TRANSIT

Area name (if applicable) Area No.

■ CHANGE OF AREA COORDINATOR / PROGRAM MANAGER: ** cross boxes as required*

New:	Previous
Name:	Name:
Address:	Address:
.....
Telephone (daytime):	Telephone (daytime):
Telephone (a/hours):	Telephone (a/hours):
Mobile:	Mobile:
Email:.....	Email:

■ CHANGE OF AREA SECRETARY OR CORRESPONDENCE CONTACT:

New:	Previous
Name:	Name:
Address:	Address:
.....
Telephone (daytime):	Telephone (daytime):
Telephone (a/hours):	Telephone (a/hours):
Mobile:	Mobile:
Email:.....	Email:

■ CHANGE OF POLICE COORDINATOR

New:	Previous
Name:	Name:
Rank & ID No.:	Rank & ID No.:
Station:	Station:
Internal postcode:	Internal postcode:
Telephone (daytime):	Telephone (daytime):
Mobile:	Mobile:
Email:.....	Email:

■ CHANGE OF AREA STATUS

The above Area has been **closed** effective from:

Bank Accounts for the Area have been closed YES NO

Area monies have been forwarded to: WatchSA Section or other:.....

The Area was **relaunched** on: The details of the office bearers are outlined above.

DETAILS OF PERSON MAKING NOTIFICATION

Name: Position:

Date of notification:

PLEASE NOTE:

THIS FORM MUST BE RETURNED TO YOUR LOCAL CRIME PREVENTION SECTION FOR RECORDING ON LOCAL RECORDS PRIOR TO FORWARDING TO THE WATCHSA UNIT (74).

Office use only:

CPS receiving notification:

Date data recorded at CPS: / /

Date to WatchSA Unit: / /

Date data entered on database: / /