

Faith Watch Application

Place of Worship Name: _____

Date: _____

Physical Address: _____

Mailing Address (If Different): _____

Contact Person: _____

E-Mail: _____

Telephone: _____

Training you may be interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Personal Safety | <input type="checkbox"/> Security and Target Hardening | <input type="checkbox"/> Internet Safety |
| <input type="checkbox"/> CPTED (Crime Prevention Through Environmental Design) | | <input type="checkbox"/> Scams / Fraud |
| <input type="checkbox"/> Gangs in Lynchburg | <input type="checkbox"/> Workplace Violence Prevention | <input type="checkbox"/> How to Report a Crime |
| <input type="checkbox"/> Other: Please Specify | | |
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Please Return to the Lynchburg Police Department Crime Prevention Unit

805 Court Street Lynchburg, VA 24504 or steven.wood@lynchburgva.gov