

# PARTICIPATE IN THE VPD SAFE PLACE PROGRAM

NAME:

BUSINESS / ORGANIZATION:

ADDRESS:

EMAIL:

PHONE NUMBER:

NUMBER OF POSTERS:

NUMBER OF DECALS:

By ticking the box below, you are signing this form, and agreeing to post these decals / posters on your premise. You also agree to instruct your organization's employees to assist any victims and/or witnesses to anti-LGBTQ crimes by calling the police on their behalf and allowing them to remain on the premise until police arrive.

SIGNED:

DATE:

Please allow two weeks for delivery. If you have not received your decals/posters within two weeks, please follow up by emailing [vpdsafeplace@vpd.ca](mailto:vpdsafeplace@vpd.ca).

