

# PARTICIPATE IN THE VPD SAFE PLACE PROGRAM

NAME:

BUSINESS / ORGANIZATION:

ADDRESS:

EMAIL:

PHONE NUMBER:

NUMBER OF DECALS:

By ticking the box below, you are signing this form, and agreeing to post these decals 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).

