



**CRIME OPERATIONS DEPARTMENT
SMALL PORTS UNIT (SPU)**

E-MAIL / SMS TEXT MESSAGE APPLICATION FORM

(Please e-mail completed forms to SmallPortsUnit@psni.pnn.police.uk)

Personal Details:

First Name (s):	Surname:
Previous Surname (s):	Date of Birth:
Full Postal Address:	
Telephone Day:	Telephone Evening:
Mobile Telephone Number:	E-mail Address:

Community Contact Details (if different than above):

Name:	Telephone Number:
Address:	E-mail Address:

APPLICATION FORM DECLARATION

I AGREE THAT THE Police Service of Northern Ireland (PSNI) may carry out a Police Service check as to my suitability to receive information via the Crime Operations Department Small Ports Unit (SPU) SMS Texting system. I further agree to my details being held by the PSNI SPU.

Signed:	Date:
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UNDER NO CIRCUMSTANCES WILL POLICE ENCOURAGE OR ALLOW DIRECT ACTION OR INTERVENTION IN ANY ISSUE RAISED THROUGH SPU SMS TEXTING SYSTEM OR THROUGH E-MAILS