

SMS Non Emergency Text Service - Registration Form

Full Name:

Date of Birth:

Address:

Postcode

Telephone n.o:

E-mail:

Hearing loss – tick the box that applies

- Hard of hearing
- Born profoundly deaf
- Profoundly deaf through accident / illness
- Speech impaired
- Deafblind

Communication – What suits you best?

- Written English
- Spoken English / lip reading
- SSE (sign supported English)
- BSL (British sign language)
- None of the above (please explain)

This information is covered by the Data Protection Act and will not be given to a third party without your explicit consent. Please let us know if your details change.

Please send this form to:

**Storm Bureau
Staffordshire Police
Weston Road
Stafford
ST18 0YY**