**Safer Streets Fund**

**Barrow**

Do you feel safe: In your home? **Y/N** Going out in the day? **Y/N** Going out in the evening? **Y/N**

If No – please comment………………………………………………………………………………………………..

Do you feel additional lights in your back streets would make your area feel safer? **Y / N**

Do you feel better lighting would decrease anti-social behaviour and opportunistic crimes? **Y / N**

Are there any specific problems in your street in relation to ***anti-social behaviour?*** **Y / N**

If yes – please comment ………………………………………………………………………………….……….

Are there any problems in the area with ***drugs? (taking, dealing, using*** *e****tc)*** **Y / N**

If yes – please comment…………………………………………………………………………………………...

Are there any problems in this area in relation to ***litter or fly-tipping*? Y / N**

If yes – please comment ………………………………………………………………………………………………

Are there any problems in this area in relation to ***graffiti?***  **Y / N**

If yes – please comment………………………………………………………………………………………….…..

Are there any problems in this area in relation to ***dog fouling?***  **Y / N**

If yes – please comment……………………………………………………………………………………………..

Are there any problems in this area in relation to ***noise?***  **Y / N**

If yes – please comment…………………………………………………………………………..…………………

Any other problems where you live? If so what? (Issues with neighbours, parking etc?)

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Would you like to be more involved within your community? If yes, please enter your contact details below. By entering these details you are giving your consent for Safer Streets to contact you. Your information will not be shared with third party organisations and will be held under the Data Protection Act 2018.

Name

Address

Address 2

ZIP/Postal Code

Email Address

Phone Number