

# ASSESSMENT REQUEST FORM

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The community representative confirms that by submitting this Assessment Request form it accepts the terms and conditions set out in key considerations and has informed the local policing team of the request. It also accepts that completion of an assessment does not guarantee that approval will be given for the scheme if, following the assessment, it is found to be unsuitable.

**COMMUNITY NAME:**

**LOCAL MEMBER:**

**KEY CONTACT:**

**TELEPHONE NUMBER:**

**MOBILE NUMBER:**

**EMAIL:**

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Please provide a brief description of the problem you are experiencing, including location (preferably on a plan), who is affected, cause(s), when the problem occurs and solutions considered. Please refer to Appendix 1 of the toolkit when completing.

**LOCATION:**

**BRIEF DESCRIPTION OF THE PROBLEM:**

**CAUSE OF PROBLEM AND WHEN PROBLEM IS OCCURRING:**

POTENTIAL SOLUTIONS:

ESTIMATED COST OF SCHEME: (Please refer to menu of works) £

HAS A BUDGET BEEN IDENTIFIED:    Yes        No

DOES FUNDING RELY ON EXTERNAL CONTRIBUTIONS? IF YES, PLEASE DESCRIBE:

ARE YOU CONSIDERING EMPLOYING A NON-BALFOUR BEATTY CONTRACTOR TO:

Provide works:        Yes        No

Provide materials:    Yes        No

Provide works and materials:    Yes        No

**Please return completed form to:**

Locality Liaison Co-ordinator  
Balfour Beatty Living Places  
Unit 3 Thorn Business Park  
Rotherwas Industrial Estate  
Hereford  
Herefordshire  
HR2 6JT

Email: [communities@balfourbeatty.com](mailto:communities@balfourbeatty.com)  
Telephone: 01432 261 800

I confirm that these products / services will only be used within the Public Realm.

PRINT NAME:

DATE: