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| LogoWTFASL | | | | | PARTNER INFORMATION SHARING FORM | | | | | |  |
|  | | | | | | | | | | | |
| Organisation |  | | | | | | Date of Report | |  | | |
| Name and Department | | |  | | | | Contact Numbers | |  | | |
| Forms to be emailed to **MetIntel-.LITEA@Met.pnn.police.uk** | | | | | | | | | | | |
| INFORMATION (The following MUST be included.)  1. How does the informant know this to be true. 2. Who else knows this information. 3. When did they first know this to be true and when did they last know this to be true. 4. The details of the person who gave them the information. | | | | | | | | | | | |
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| POLICE USE ONLY | | | | | | | | | | | |
| Receiving Officer | |  | | | | | |  | | Yes  No | |
| Crimint or Other reference | |  | | | | Date and Time | | | |  | |
| Disseminated To | |  | | | | Person disseminating  Date and Time | | | |  | |
| Detailed Handling Instructions | |  | | | | Public Interest Immunity | | | |  | |
| Input on to an Intelligence System? | | | | Yes  No | | | | | | | |
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