Safer Cities Connection Request Form

For requesting a peer introduction through the double opt-in directory.

This form helps us understand who you want to	connect with and why, so we can facilitate a
respectful and informed outreach to the other pe	erson.

Section 1: Your Information Your Full Name: Your Title and Role:

Your Organization or Agency: Jurisdiction (City, County, etc.):

Your Email:

Section 2: Who You'd Like to Connect With

Name of the person you'd like to connect with:

(Must be listed in the directory.)

What is it about their work or profile that prompted this request?

(Example: "They're managing a mobile crisis team in a similarly sized city," or "We're trying to replicate a traffic stop reform model I saw in their jurisdiction.")

Section 3: What You'd Like to Learn or Discuss

What are you hoping to learn from this person? (Please be specific. What question or topic do you want to explore?)
Do you have any materials you'd like to share with them? ☐ Yes (please include link or upload if applicable) ☐ No
How would you prefer to connect with them?

10	w would you prefer to confiect t
	Email introduction
	Text introduction
П	Either / or

Once submitted, a Safer Cities team member will contact the other person on your behalf. If they agree, we'll introduce you directly. If not, which likely would be a bandwidth issue, we'll let you know via email.