

WILLINGBORO TOWNSHIP POLICE DEPARTMENT SURVEILLANCE SYSTEM REGISTRATION FORM



DATE: _____

ESTABLISHMENT DETAILS

Type of Location: RESIDENTIAL COMMERCIAL/BUSINESS

Resident/Business Name: _____

Street Address: _____

SECURITY CAMERA DETAILS

Number of Camera(s): _____

What areas do the camera(s) cover? (please check all that apply)

____ Front Exterior ____ Rear Exterior ____ Interior ____ Driveway

____ Roadway ____ Parking Lot

____ Other (please explain) _____

Recording Period (i.e., 24/7, motion activated, business hours only): _____

Are your images saved/stored on a DVR or recording device? YES NO

Are your camera(s) accessible remotely (i.e., cell phone, tablet, computer)? YES NO

How long is your data stored (i.e., 24 hours, one week, 30 days)? _____

Is the camera monitored by a security company? (please circle one) YES NO

CONTACT INFORMATION

Primary Contact

Name: _____

Phone: (home) _____

(cell) _____

Secondary Contact

Name: _____

Phone: (home) _____

(cell) _____

In the event that the Willingboro Police Department needs access to your recording to investigate a crime, would you allow access to the recording? (please circle one) YES NO

COMMENTS/ADDITIONAL INFORMATION: _____

