



# WILLINGBORO TOWNSHIP POLICE DEPARTMENT SURVEILLANCE SYSTEM REGISTRATION

Date:

## EASTABLISHMENT DETAILS:

Type of Location:      Residential                  Commercial/Business

Resident/Business Name:

Street Address:

## SECURITY CAMERA DETAILS:

Number of Camera(s):

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

Front Exterior

Rear Exterior

Interior

Roadway

Parking Lot

Driveway

Other (Please explain):

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

Are your images saved/stored on a DVR 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?      Yes      No

## CONTACT INFORMATION:

Primary Contact:

Name:

Phone (Home):

Phone (Cell):

Secondary Contact:

Name:

Phone (Home):

Phone (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?      Yes      No

Comments/ Additional Information: