



VIDEO SURVEILLANCE REGISTRATION FORM

LOCATION DETAILS:

Is your system located at a residence or commercial/business establishment? (circle one)

RESIDENTIAL

COMMERCIAL/BUSINESS

Homeowner or Business Name: _____

Full Street Address: _____

Email: _____ Phone: _____

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

Describe areas recorded (i.e. street view, front yard, parking lot, etc): _____

CONTACT INFORMATION:

In the event of an emergency, who should be contacted to obtain surveillance footage:

Email: _____ Phone: _____

Secondary Emergency Contact: _____

Email: _____ Phone: _____

Surveillance System Installer: _____

Email: _____ Phone: _____

Are the cameras monitored by a security company: (circle one) **YES** **NO**

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

Please turn in your completed forms at the Woolwich Township Police Department OR email directly to Detective Chris Beckett at cbeckett@woolwichtwp.org.