

Scotch Plains Police Department Voluntary Camera Registration Form

First Name:

Last Name:

Email:

Phone:

Second Phone:

Full Street Address:

Is your system located at a residence or commercial/business establishment?

RESIDENTIAL

COMMERCIAL/BUSINESS

Commercial/Business Name (if applicable):

Recording Method: Motion Continuous Business Hours

Other

Are your recordings saved and stored: (YES) (NO)

Locally (with camera)

Cloud based (Use internet to access)

Security Company

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

How many cameras do you have?

Areas recorded (i.e. street view, front yard, etc):

Front of Building

Left Side of Building

Right Side of building

Rear of Building

Are the cameras monitored by a security company?

If yes, name of security company?

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

Comments:

DO NOT WRITE BELOW THIS LINE.

Received by: _____ Date Received: _____

Registration #: _____

By submitting this form, you agree to participate in this voluntary program. All information on this form will remain confidential.