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## **Video Surveillance Camera Registration Program**

### **YOU CAN HELP US KEEP HARRISON TOWNSHIP A SAFE COMMUNITY**

The Harrison Township Police Department is committed to utilizing every resource to prevent and solve crimes and to protect citizens and their property. Many residents and businesses are now utilizing surveillance cameras and these cameras may capture persons and events without the owner's knowledge and this captured information may help the police department solve crimes and help keep the Township safe.

The Harrison Township Police Department is asking residents and businesses around the Township to register their privately-owned surveillance camera systems. As our officers respond to reports of criminal activity in our community, they may be able to use the information or footage captured on these security cameras to assist in the apprehension and prosecution of the criminal involved. Registration forms can be downloaded from the Township website (<https://harrisontwp.us/municipal-departments/police-department/>) and/or picked up at headquarters. Completed forms can be dropped off at headquarters or emailed to [athomas@htwpd.us](mailto:athomas@htwpd.us)

By registering your camera system with the Harrison Township Police Department, officers and detectives will be able to identify what cameras may have captured criminal activity. You would only be contacted by the Harrison Township Police Department if there is an incident within the vicinity of your camera system and officers or detectives may request to view the footage in order to assist in the investigation.



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

**\*For registering your system with HTPD, we would like to provide you with a free, on-site security and surveillance system evaluation. If you would be interested, please contact DSG. Andrew Thomas at [athomas@htwpd.us](mailto:athomas@htwpd.us) to schedule an appointment.**