

SECURITY CAMERA REGISTRATION FORM



Contact Information

REGISTERED OWNER NAME*

IS THIS A BUSINESS OR RESIDENCE*

EMAIL ADDRESS*

PHONE NUMBER

STREET ADDRESS*

APT OR SUITE NUMBER

Cameras

NUMBER OF CAMERAS AT LOCATION VIEWING PUBLIC AREAS*

Please describe the location of each camera at the address that are facing or observing public areas, streets, sidewalks, parking lots, etc.

CAMERA 1

CAMERA 2

CAMERA 3

CAMERA 4

CAMERA 5

CAMERA 6

CAMERA 7

CAMERA 8

CAMERA 9

CAMERA 10

CAMERA 11

CAMERA 12

CAMERA 13

CAMERA 14

CAMERA 15

CAMERA 16

CAMERA 17

CAMERA 18

CAMERA 19

CAMERA 20

Video Recording Information

CAMERA QUALITY

- MPEG
- H.264
- ANALOG
- DIGITAL
- 640 X 480
- 1280 X 960

VIDEO RECORDED *

- YES
- NO

MINIMUM RETENTION PERIOD *

OTHER RECORDING INFORMATION *

Emergency Contact Information

CONTACT #1 *

PHONE NUMBER *

CONTACT #2

PHONE NUMBER

TITLE

EMAIL ADDRESS

TITLE

EMAIL ADDRESS

Submit

Mail your completed form to:

MERRIAM POLICE DEPARTMENT
9010 W. 62ND STREET
MERRIAM, KS 66202

One of our officers will follow up with you. We will provide you with small Community Video Partnership stick-on signs, if you would like to place them on your home or business windows to deter criminal activity.

You may unsubscribe from the program at any time.