

COMMUNITY SURVEILLANCE PARTNER REGISTRATION FORM

Please answer the following questions to register your surveillance cameras with the Randolph County Sheriff's Office.

1. Is your camera at a residence or a business? Residence Business

2. Name of owner/business: _____

3. Address where cameras are located:

Street Address: _____

City: _____ Zip Code: _____

4: Contact information:

Home Ph. #: _____ Cell Ph. #: _____

Email Address: _____

5: How long will your system store a recording?

Less than 1 week 1 to 2 weeks 2 to 4 week Up to 60 days

Up to 90 days Up to 6 months Up to 1 year More than 1 year

6. How may we obtain a copy of video if needed? (check all that apply)

USB (thumb drive, etc.) CD/DVD Wireless/Cloud

7. How many outdoor cameras are at this address?

1 to 5 6 to 10 10 or more

8. Is audio recorded? Yes No

9. When is the camera active?

Motion Daylight only Darkness Only 24/7

10. Where do your cameras face? (check all that apply)

Front Side Rear Street/Vehicles

11. If this is a business, please provide emergency/after-hours contact information:

Name: _____

Phone Number: _____

12. What brand is your system? _____

13. Is your system monitored by a company? If so, name of company: _____

To receive a copy of your submission, please fill out your email address below and submit.

Email Address: _____