

Newtown Police Security Video Sharing Program Registration

All information provided will not be shared with the public and only used for its intended purposes.

Contact Person Name: \_\_\_\_\_

Address where the cameras are: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location Type: Business \_\_\_ Residential \_\_\_ Other(specify) \_\_\_\_\_

\_\_\_\_\_

Do you have cameras that capture the roadway? Yes \_\_\_ No \_\_\_

Do you have cameras that capture the driveway? Yes \_\_\_ No \_\_\_

Number of cameras facing the road: \_\_\_

Does a security company monitor the video? Yes \_\_\_ No \_\_\_

Recording Period: Motion sensor \_\_\_ 24/7 \_\_\_ Daytime \_\_\_ Other(specify) \_\_\_\_\_

\_\_\_\_\_

How long are the videos saved? 1 day \_\_\_ 1 week \_\_\_ 30 days \_\_\_ Other(specify) \_\_\_\_\_

\_\_\_\_\_

Any other information you wish to provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By checking this box, I consent to allow Newtown Police Department to contact me to review and get copies of my security video footage for investigative purposes.