Denville Police Department Virtual Crime Watch Surveillance Camera Registration Form

Location Type:	Residence	Business			
Homeowner/Business	s Name:				
Street Address:					
Name of Primary Con	tact for Video Access:				
Telephone Number: E-Mail Address:					
Recording Period:) Motion Activated	<u> </u>	Other (Specify): _		
Is video saved and sto	ored on a DVR or othe	recorded media?	○ Yes	○ No	
If so, how long is the	data stored for before	overwritten/deleted	?		
What type of storage	media is required to e	export the video? (Che	eck all that apply)		
○ CD/DVD	USB Flash Stora	ge Device Oth	er (Specify):		
Describe the areas recorded (Exterior Cameras Only):				No of Cameras:	
Front Yard/Store Front (Facing Street)					
Back Yard/Store Rear					
Side Yard/Left (facing home/business from street)					
Side Yard/Right (facing home/business from street)					
Driveway					
View of the Street (Alone or Captured by Any of the Above)					
Other (Specify	y):				
Do the Cameras have Night/Low Light Vision capabilities?				○ No	
Comments:					

If necessary, the Denville Police Department will contact you directly to request surveillance video that may have captured criminal activity in your neighborhood.