Security Camera Registration Form

Name*		
First & Last		
		<u> </u>
Email		
Phone*		
Address		
Device Type		Number of Camera(s)
Cloud Storage/Retrieval Ca		
Can you access and share the se	curity footage?	
☐ Yes	□ No	☐ I Don't Know
Location of Camera(s)		
	Dool Veed	Cide Vend
☐ Front Yard	■ Back Yard	☐ Side Yard
☐ Other		

Terms of Use*

The information provided about you and your camera system will be for official use only. Your personal information will be kept confidential and not distributed except as required by law or a court order. This is a voluntary program, and you can withdraw consent of your camera information at any time. If necessary, the Tipton Police Department may contact you directly, utilizing the information provided by you at the time of registration in order to request the appropriate video surveillance footage. Footage obtained and containing or relating to criminal activity collected by the Tipton Police Department may be used as evidence during any stage of a criminal proceeding. Under no circumstances shall registrants of this voluntary program construe that they are acting as an agent and/or an employee of the City of Tipton and/or the Tipton Police Department. The Tipton Police Department will not request or obtain direct or remote access to the camera equipment, security footage, or cloud software through this voluntary program.

□ I understand and I agree
