



VIDEO CAMERA REGISTRATION FORM

CLAYTON POLICE DEPARTMENT

PROPERTY INFORMATION

Type of Property (Check box that applies):

Business - Business Name:

Residence

Other:

Property Address:

Property Phone #:

Property Hours:

Days of Operation:

CONTACT INFORMATION

Contact Person Name:

Phone #:

Email Address:

Cell Phone #:

Alternate Person:

Phone #:

Email Address:

Cell Phone #:

CAMERA INFORMATION

Camera Resolution: 1080 720 480

Nightvision: Y N

Audio Available: Y N

of Cameras:

of Storage Days:

File Format: MPEG4 H.264 Other

Media Player Compliant: Y N

How can the police department obtain the footage: DVD USB/Thumb Drive Email

Sketch building entrances, exits, parking area and approximate camera fields of view:

↑
N