

**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 our system store a recording?

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

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: \_\_\_\_\_