



Grain Valley Police Department

Community Security Camera Program

Security Camera Registration Form

Registered Owner or Business Name:

Alternate Contact Person:

Street Address:

Address:

Phone Numbers:

H-

C-

W-

Email: _____

Phone Numbers:

H-

C-

W-

Email: _____

If you have more than one location you would like to register, please submit an additional request for each location.

Camera

Number of cameras at this location:

Type of recording system:

Does your security camera system record and save files? Yes: _____ No: _____

If you answered No, explain: _____

Can you make copy a video recording for the police? Yes: _____ No: _____

Please describe the location of each camera at the location and note the area of coverage. Ex. (Street, Parking Lot), etc.

Camera 1 _____

Camera 6 _____

Camera 2 _____

Camera 7 _____

Camera 3 _____

Camera 8 _____

Camera 4 _____

Camera 9 _____

Camera 5 _____

Camera 10 _____

Camera Quality

- MPEG
- H.264
- Analog
- Digital
- 640 X 480
- 720 X 1080 (HD)
- 1208 X 960

Retention period of recording: _____

Date and Time Stamp on recording: Yes: _____ No: _____

Additional Information about Security System:

I, _____, agree to voluntarily participate in conjunction with the Grain Valley Police Department in the Community Security Camera Program. I understand that this program's primary goal is to unite citizens with law enforcement in a joint effort to prevent criminal activity and promote a safe and secure environment for our families.

Signature: _____

Date: _____

Official Use Only:

Request #: _____

Request received by: _____ Date: _____

Request recorded by: _____ Date: _____

Chief of Police or Designee

Date