



WEST WHITELAND TOWNSHIP POLICE DEPARTMENT SECURITY CAMERA PROGRAM

ESTABLISHMENT DETAILS

- Residence
- Commercial/Business

Name / Business name

Street Address

City

State

Zip

SECURITY CAMERA DETAILS

Number of cameras at location

Recording Period

Are images/video saved & stored on a DVR or recording device?

- Yes
- No

How long is your data stored (i.e. 24 hrs., one week, etc.)?

Describe areas recorded (street view, front yard, etc.):

CONTACT INFORMATION

Primary

Name: _____

Email: _____

Phone: _____

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Secondary

Name: _____

Email: _____

Phone: _____

Is the camera monitored by a security company?

- Yes
- No

If yes, name and phone number

Name: _____

Phone: _____

In the event that the Police Department needs to access your recording to investigate a crime, would you allow access to the recording?

- Yes
- No

Comments

Please email completed form to cameras@westwhiteland.org