



**FLORENCE TWP POLICE DEPT
COMMUNITY SURVEILLANCE PROGRAM
REGISTRATION FORM**



Disclaimer and Terms of Use

The goal of the Community Camera program is to deter crime and promote public safety through collaboration between the Florence Township Police Department and the community we serve. Accordingly, all registrants agree to the following terms and conditions:

1. If necessary, the Florence Township Police Department will contact you directly, using the information provided by you at the time of registration, to request the appropriate video surveillance footage that may assist in the investigation or prevention of a crime.
2. Any and all video surveillance footage shall remain the property of the registrant until it is requested by the Florence Township Police Department and collected from the registrant by a representative of the police department. Your voluntary participation in this program means you have your own privately installed/owned surveillance system and shall not be construed as an obligation to release any surveillance video to the Florence Township Police Department upon request.
3. Any footage containing or related to criminal activity collected by the Florence Police may be used as evidence during any stage of a criminal proceeding.
4. Under no circumstances shall registrants construe their participation in this program as being or acting as an agent and/or employee of the Township of Florence or the Florence Township Police Department.
5. Under no circumstances shall the Florence Township Police Department utilize any information obtained to view footage/feeds directly from cameras or surveillance systems owned by registrants, unless expressly permitted by the registrant, and only for the purpose of investigating a crime.
6. The registrants understand that the Florence Township Police Department will be using the footage/feeds for investigative purposes only.

Name: _____

Business name: _____

Additional Residents' Name(s): _____

Address: _____

Phone Number: _____

Other Phone Number: _____

Number of Cameras: _____

Camera View(s) (Check all that apply):

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Front Yard | <input type="checkbox"/> Back Yard | <input type="checkbox"/> Driveway | <input type="checkbox"/> Alleyway |
| <input type="checkbox"/> Front Door | <input type="checkbox"/> Back Door | <input type="checkbox"/> E Side of Bldg | <input type="checkbox"/> W Side of Bldg |
| <input type="checkbox"/> N Side of Bldg | <input type="checkbox"/> Patio | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Room/Office | <input type="checkbox"/> Other (Specify) _____ | |

Additional Comments or Information: _____

I understand and agree to the Disclaimer and Terms of Use above.

Signature: _____

Date: _____

Print Name: _____