



**East Hanover Police Department
Virtual Crime Watch
Surveillance Camera Registration Form**

Location Type: Residence Business

Homeowner/Business Name: _____

Street Address: _____

Name of Primary Contact for Video Access: _____

Telephone Number: _____ E-Mail Address: _____

Recording Period: Motion Activated 24/7 Other (Specify): _____

Is video saved and stored on a DVR or other recorded media? Yes No

If so, how long is the data stored for before overwritten/deleted? _____

What type of storage media is required to export the video? (Check all that apply)

CD/DVD USB Flash Storage Device Other (Specify): _____

Describe the areas recorded (Exterior Cameras Only):

No of Cameras:

Front Yard/Store Front (Facing Street) _____

Back Yard/Store Rear _____

Side Yard/Left (facing home/business from street) _____

Side Yard/Right (facing home/business from street) _____

Driveway _____

View of the Street (Alone or Captured by Any of the Above) _____

Other (Specify): _____

Do the Cameras have Night/Low Light Vision capabilities? Yes No

Comments:

If necessary, the East Hanover Police Department will contact you directly to request surveillance video that may have captured criminal activity in your neighborhood.