



Willoughby Police Department Surveillance Camera Registration

Date: _____ Business Residence

Address: _____

Name of Establishment/Residence: _____

Contact Person: _____

Phone Number: _____

Email: _____

Audio Recording at this location? Yes No

Coverage of Public Access Areas? Sidewalks, street, etc. Yes No

Camera view Front Back Side Interior Street

Number of Cameras at Location: Interior _____ Exterior _____

Identify the Camera: Pan Tilt zoom Fixed **Brand:** _____

Camera Specification High Def Infrared
 Standard Low Light **Other:** _____

Recorder DVR Analog Cloud/Web **Brand:** _____

Format: (MPG, _____ How long is the recording retained? _____
MP4, AVI, etc.)

Please return all forms to the Willoughby Police Department at
psmith@willoughbypolice.com