

## **NJSP-WASHINGTON Surveillance Camera Registration**

Location Details-	RESIDENTIAL		COMMERCIAL/BUSINESS		
Homeowner or Busin	ness Name:				
Street Address:					
Recording Period:	Motion	24/7	Business Hou	rs Other:	
How long is your dat	a stored:	24 Hours	1week	1month	Other:
Area Covered:	Exterior Front	Exterior Rear	Interior 1st Floor	Interior 2 <sup>nd</sup> Floor	r Point of Entry
Doorbell Roadwa	ay Exterio	r Left Exterio	r Right Drivewa	ay Parking L	ot Roadway
Other:			**************************************		
Number of Cameras	·	How are the	y saved: Hard	drive On-line	Offsite
Contact Information	-		•		
Primary Contact:			<u></u>	<u> </u>	
Email:			Phone:		
Are the cameras mo	nitored 24/7: `	Yes No Doyo	ou have access o	or third party co	mpany?
Additional information	on: (Use additi	onal pages if ne	eeded)		
		UNION CAMPANA			
			u		

Please return form to NJSP-Washington Station or email to B150@gw.njsp.org



## **NJSP-WASHINGTON Voluntary Emergency Contact Form**

Address: Cell: Email: Emergency Contact: Relationship: Address: Cell: Email: Email: Address: Cell: Email: Email: Alarm on Premise: Company: Phone Number: Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)  Firearms on Premise: Hazardous Materials: Location: Children: Animals: Animals: Animals: Animals: Cell: Email: Animals: Location: Cell: Email: Email: Location: Cell: Email: _	Name:	DOB:		
Phone Number: Cell: Email: Relationship: Address: Cell: Email: Em				
Emergency Contact: Relationship:  Address: Cell: Email:  Phone Number: Company: Phone Number:  Key Holder Name: Phone Number:  Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)  Firearms on Premise: Hazardous Materials: Location:  Children: Animals: Location:				
Emergency Contact: Relationship:  Address: Cell: Email:  Phone Number: Company: Phone Number:  Key Holder Name: Phone Number:  Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)  Firearms on Premise: Hazardous Materials: Location:  Children: Animals: Location:	1007.00.0			***************************************
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Alarm on Premise: Company: Phone Number: Phone Number: Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)  Firearms on Premise: Hazardous Materials: Location: Children: Animals:				
Key Holder Name: Phone Number: Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)  Firearms on Premise: Hazardous Materials: Location: Children: Animals:	Phone Number:	Cell:	Email:	
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Firearms on Premise: Hazardous Materials: Location: Children: Animals:	(ey Holder Name:		Phone Number:	
Children:	Any Pertinent Medical informa	tion: (I.E. Allergies, di	sabilities, handicaps)	
Animals:	irearms on Premise:	lazardous Materials:	Location:	
Animals:	Children:			w
Additional Information:				
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