



NJSP-WASHINGTON Surveillance Camera Registration

Location Details-

RESIDENTIAL

COMMERCIAL/BUSINESS

Homeowner or Business Name: _____

Street Address: _____

Recording Period: Motion 24/7 Business Hours Other: _____

How long is your data stored: 24 Hours 1week 1month Other: _____

Area Covered: Exterior Front Exterior Rear Interior 1st Floor Interior 2nd Floor Point of Entry

Doorbell Roadway Exterior Left Exterior Right Driveway Parking Lot Roadway

Other: _____

Number of Cameras: _____ How are they saved: Hard drive On-line Offsite

Contact Information-

Primary Contact: _____

Email: _____ Phone: _____

Are the cameras monitored 24/7: Yes No Do you have access or third party company? _____

Additional information: (Use additional pages if needed) _____

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



NJSP-WASHINGTON Voluntary Emergency Contact Form

Name: _____ DOB: _____

Address: _____

Phone Number: _____ Cell: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell: _____ Email: _____

Alarm on Premise: _____ Company: _____

Key Holder Name: _____ Phone Number: _____

Any Pertinent Medical information: (I.E. Allergies, disabilities, handicaps)

Firearms on Premise: _____ Hazardous Materials: _____ Location: _____

Children: _____

Animals: _____

Additional Information: _____

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