Morristown Bureau of Police
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: _____ Email Address: _____

Name of Alternate Contact for Video Access: _____

Alt. Telephone Number: _____ Alternate Email Address: _____

Recording Period: ☐ Motion Activated ☐ 24/7 ☐ Other (specify):

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

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

What kind 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):	Number 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 on any of the above cameras)	_____
Other (specify): _____	_____

Do the cameras have night / low-light vision capabilities? ☐ Yes ☐ No

Comment field:

This form may be submitted in several ways. If completed online, hit the SUBMIT button below to send electronically.
Printed forms can be sent via e-mail, fax, regular mail or by dropping off in person.
e-mail: cameras@morristownpolice.org / fax: 973-644-5204 / Address: 200 South Street, cn914, Morristown NJ 07960

CLEAR ALL FIELDS SUBMIT VIA EMAIL