



Video Surveillance Camera Registration Form

Location details

Is your system located at a residence or commercial/business establishment?

RESIDENTIAL

COMMERCIAL/BUSINESS

Homeowner or Business Name: _____

Full Street Address: _____

Recording Period: (circle one) **MOTION** **24/7** **BUSINESS HOURS**

Are your images saved and stored on a DVR or recording device: **YES** **NO**

How long is your data stored (i.e. 24 hours, one week, 30 days): _____

Describe areas recorded (i.e. street view, front yard, parking lot, etc): _____

Contact information

Primary Contact for Camera: _____

Email: _____ Phone: _____

Are the cameras monitored by a security company: **YES** **NO**

In the event that the Police Department needs access to your recording to investigate a crime, would you allow access to the recording? **YES** **NO**

Comments: _____

DISCLAIMER & TERMS OF USE:

The goal of this surveillance camera registration project is to deter crime and promote public safety. Any footage related to criminal activity may be collected by the Converse Police Department for use as evidence.

Information is reserved for official use by the Converse Police Department. If necessary, the Converse Police Department will contact you to request the appropriate video surveillance footage. Under no circumstances shall registrants construe that they are acting as an employee of the Converse Police Department through this security camera registration.

By submitting this form, you are aware of and consent to the release of video imagery to the public/media as necessary for the CPD Investigation, or to requestors, as allowed under the Texas Open Records Act.
By clicking below to email the form – you agree to these terms.

PLEASE EMAIL THIS COMPLETED FORM TO CID@CONVERSEPD.COM