



Willoughby Hills PD Security 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, MP4, AVI, etc.) _____

How long is the recording retained? _____

Please return all forms to the Willoughby Hills Police Department at:

police@willoughbyhillspolice.org