

Clinton Police Department Surveillance Camera Registration Program



Contact Information

First Name: _____ Last Name: _____

Street Address: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Camera Information

Number of Cameras: _____

Select all that apply

<input type="checkbox"/> Front Yard	<input type="checkbox"/> N Side of Property
<input type="checkbox"/> Back Yard	<input type="checkbox"/> S Side of Property
<input type="checkbox"/> Driveway	<input type="checkbox"/> W Side of Property
<input type="checkbox"/> Alley	<input type="checkbox"/> E Side of Property
<input type="checkbox"/> Front Door	<input type="checkbox"/> Lobby
<input type="checkbox"/> Back Door	<input type="checkbox"/> Hallway
<input type="checkbox"/> Street	<input type="checkbox"/> Rooms/Office
<input type="checkbox"/> Patio	<input type="checkbox"/> Other _____
<input type="checkbox"/> Parking Lot	

Acknowledgement

If necessary, the Clinton PD will contact you directly, using the information provided by you, to request the appropriate video surveillance footage. Any and all video footage shall remain the property of the registrant until it is requested by the Clinton PD and collected by the Clinton PD. Your voluntary participation in this program shall not be construed as an obligation to release any surveillance video to the Clinton PD. Any footage containing or related to criminal activity collected by Clinton PD may be used as evidence during any stage of a criminal proceeding.

*Under no circumstance shall registrants act as an agent and/or an employee of the City of Clinton or the Clinton PD through this program.

*Under no circumstance shall the Clinton PD utilize any information obtained to view footage or feeds directly from cameras owned by the registrant.

Signature: _____ **Date:** _____

Please email the completed form to madney@cityofclintoniowa.gov or drop off at 113 6th Ave. South Clinton, Ia. 52732