



Lakewood Police Department

Register Every Camera Initiative

[REC]



Name: _____
First Last

Email: _____ Phone: _____

Full Street Address: _____

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

Commercial/Business Name (if applicable): _____

Recording Period: 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, etc)? _____

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

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:

DO NOT WRITE BELOW THIS LINE.

Received by: _____ Date Received: _____ Registration #: _____

By submitting this form, you agree to participate in this voluntary program. All information on this form will remain confidential. Please send an email to: rec@lakewoodpolicenj.com if you have additional questions.