

MACKINAW POLICE DEPARTMENT

Michael Kemp, Chief of Police

102 East Fast Avenue, P.O. Box 877 Mackinaw, Illinois 61755 Phone Dispatch: (309) 346-4141 Office: (309) 359-8914



CAMERA REGISTRATION FORM

Name:	Best Contact l	Phone Number:	
Address:			
May We Contact You to Re	quest Security Camera Foo	tage if a Crime Occurs in Your	Area?
Please List All Exterior Can	neras:		
Location/Side of House (N,W,E,S)	Direction Pointed (N,W,E,S)	Continuous or Motion Activated?	Infrared/Night Vision
		_	
How Long Does Your Syste	em Retain Video Footage Fo	or? DaysWeeks	Months
System Storage Size:	(Please check one)MB	GB TB	
System Export Medium Cap	pabilities: VHS	CDDVDU	${}^{1}{ m SB}$ (Please Circle All That Apply)
Signature of Homeowner: _			
Date:			

This information is for Police Department use only. Any information provided will not be shared with the public. In the event that footage from your security camera system leads to an arrest, it is possible you will be contacted for court/prosecution purposes.