Oakwood Public Safety Department
Security Camera Registration

Homeowner/Business Name: _____

Location of Residents/Business: _____

Type of Business (ex: Bank, Retail Sales, School, etc.): _____

Contact Phone Number: _____

Camera Locations: _____

_____

Cameras Remotely Viewable: Yes _____ No _____   Total Number of Cameras: _____

    If yes, do you give the Oakwood Public Safety Department permission to remotely view cameras for criminal justice purposes?

        Yes _____   No _____   IP Address of Cameras: _____

        Login Info (if needed) to remotely view cameras: _____

    Do you give the Oakwood Public Safety Department permission to contact you to view your video for criminal justice purposes? Yes _____   No _____

        If yes, do you want an Oakwood Public Safety Department officer to come directly to your home, or contact you by phone?

        Contact Directly _____   Contact by Phone only _____   Either, I just want to help: _____

    Do you give the Oakwood Public Safety Department permission make a copy of the video stored on the surveillance system? Yes _____   No _____

Name (Print): _____

Signature: _____

By signing above, you authorize the Oakwood Public Safety Department to access your video data to pin map surveillance camera locations throughout the city of Oakwood. The Oakwood Public Safety Department will enter this information into our database, which will enable officers to gather possible vital evidence more efficiently to solve crimes in the Oakwood area. The Oakwood Public Safety Department will not remotely monitor surveillance video. If you agree to give the Oakwood Public Safety Department permission to remotely view your surveillance cameras, the information will be strictly used for gathering evidence in reported crimes, or crimes in progress. Thank you for being party of the solution in making Oakwood a better city for all of us!