

City of Staunton  
Staunton Police Department  
Security Camera Registration Form

Registrant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address with Camera: \_\_\_\_\_

Location Type (Please circle):      Residence      Business

If a business, please provide business name: \_\_\_\_\_

**Please provide some details about your camera system:**

Does this address have exterior cameras? (Please circle) Yes      No      # of exterior cameras: \_\_\_\_\_

Areas of coverage (Please check all that apply)

Front entry     Back entry     Side yard     Back Yard

Street       Parking/Vehicle       Cash Register (business)

What "street view" areas do your exterior camera(s) cover? (Street names, alley way, description of geographical directions on property)

\_\_\_\_\_  
\_\_\_\_\_

Does your business have interior cameras? (Please circle) Yes      No      # of interior cameras: \_\_\_\_\_

What is the recording period? (Motion only, 24 hours, business hours): \_\_\_\_\_

How long is video retained on your system? (Please note hours, days, weeks): \_\_\_\_\_

Does this video system have live feed capability? Yes      No

Does the video have audio?      Yes      No

How are videos stored? (Please circle one)

Cloud/web service      Local DVR      Hard Drive      Other \_\_\_\_\_

How do you share video from your system? (Please circle one)

Cloud/wireless service      DVD Disc      USB Device      Other \_\_\_\_\_

**Does anyone else have access to your camera system?**

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Completed registration forms can be mailed or returned in-person to:  
Staunton Police Department, Attn: Camera Registration, 105 South Wood Street, Staunton, IL 62088*