



WEST SALEM POLICE DEPARTMENT

175 S. LEONARD ST. WEST SALEM, WI 54669

(608) 786-0407 FAX: (608) 786-3359

www.westsalempolice.org

Business/Residential Security System Registration

Business Name (if applicable): _____

Contact Name: _____

Additional Contact Names: (optional) _____

Address: _____
Street City State Zip Code

Phone: _____
Home Cell Work

Email: _____

Security System

What type of security system do you have? Circle one that applies

- 1. Traditional system with door, glass, motion sensors
- 2. Camera system with recorder
- 3. Hybrid system with both sensors and cameras
- 4. Other (please describe) _____

Is your system monitored by an alarm company? Please circle: 1. Yes 2. No

If your system includes cameras, which type of cameras do you have? Please circle answer:

- 1. Interior Only
- 2. Exterior Only
- 3. Both interior and exterior
- 4. Other _____

Are your cameras web based and can be accessed remotely? 1. Yes 2. No

In the event of an incident or crime that occurs in which your cameras record potential evidence of the crime and/or evidence that may assist in the investigation of the incident/crime, would you be willing to allow an officer to review/obtain a copy of the footage? 1. Yes 2. No

In the interest of more effectively solving crimes, it is our department's intentions to create a database of camera systems installed in businesses or residential homes which may aid in solving the alleged crimes. This information will only be shared with law enforcement officers and West Salem Police Department Staff. In the event of a crime occurring where officers feel your camera system may have recorded events helpful to our investigation, officers will make contact with the names listed on this form and ask permission to meet with you and review applicable footage. By signing this form, you release the West Salem Police Department & Village of West Salem from any liability or harm of wrong doing. You may deny our request at any time. The information given on this form is strictly voluntary and your signature only acknowledges your acceptance of the release of liability.

Signature: _____ Date: _____