



WAHPETON POLICE DEPARTMENT

CITIZEN VOLUNTARY

SECURITY CAMERA REGISTRATION FORM

*LAST NAME:	
*FIRST NAME:	
BUSINESS NAME IF APPLICABLE:	
*ADDRESS:	
UNIT OR APARTMENT #:	
*HOME PHONE NUMBER:	
*CELL PHONE NUMBER:	
*EMAIL ADDRESS(ES):	
*CAMERA SYSTEM BRAND:	
*VIDEO STORAGE TYPE:	
CLOUD STORAGE <input type="checkbox"/>	LOCAL STORAGE SUCH AS FLASH DRIVE (jump drive) <input type="checkbox"/>
*TOTAL NUMBER OF CAMERAS:	
*LOCATION OF EACH CAMERA: (example: 1. Northside facing 16 th Ave. N. 2. Eastside facing 14 th St. N.)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
WOULD YOU LIKE TO REMOVE YOUR CAMERAS FROM THE WAHPETON POLICE DEPARTMENT RECORDS?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
*DATE SUBMITTED:	
* symbol is a required field	SAVE TO YOUR DESKTOP THEN EMAIL TO rteberg@wahpeton.com