



Lenexa Police Department



COMMUNITY VIDEO PARTNER

Security Camera Registration and System Information Form

CONTACT INFORMATION

Registered Owner Name	Is this a Business or Residence?	Name of Business
STREET ADDRESS	STREET ADDRESS LINE 2	
PHONE NUMBER	EMAIL ADDRESS	

If you have more than one address/location you would like to register we ask that you submit a separate form for each location.

Cameras

Number of cameras at location viewing public areas

Please describe the location of each camera at the address that are facing or observing public areas, streets, sidewalks, parking lots, etc.

Camera 1

Camera 2

Camera 3

Camera 4

Camera 5

Camera 6

Camera 7

Camera 8

Camera 9

Camera 10

Camera 11

Camera 12

Camera 13

Camera 14

Camera 15

Camera 16

Camera 17

Camera 18

Camera 19

Camera 20

Video Recording Information

Camera Quality	Video Recorded	Minimum Retention Period
MPEG	Yes	
H.264	No	
Analog		
Digital		
640 X 480		
1280 X 960		

Other Recording Information

Emergency Contact Information

Contact #1

Title

Phone Number

Email

Contact #2

Title

Phone Number

Email