



# Community Camera Program

**Lower Providence Township Police Department**

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The Lower Providence Township Police Department is asking all citizens and business owners in the Township to register their privately-owned surveillance camera systems. This technology is very helpful to our department and may be useful to help apprehend/convict a criminal. You would only be contacted if there is a criminal incident in the vicinity of your camera as indicated by your registration.

## ***Terms of Use***

The goal of this program is to deter crime and encourage public safety through a collaborative effort between the Lower Providence Township Police Department and the citizens we serve. Accordingly, everyone that registers must agree to the following terms and conditions:

- If the Lower Providence Township Police Department believes the surveillance footage will assist our agency in an investigation, we will contact you and request access to the video surveillance footage.
- Any and all video surveillance footage shall continue to remain your property until it is requested by the Lower Providence Township Police Department and collected by the Lower Providence Township Police Department.
- Officers of The Lower Providence Township Police Department cannot access or view your video remotely.
- Your participation in this program shall not be an obligation to release any surveillance video to the Lower Providence Township Police Department upon request.
- Footage from your security camera containing or related to criminal activity collected by the Lower Providence Police Department could be used as evidence.
- Under no circumstances shall participants act as an agent and/or employee of the Lower Providence Township Police Department through this program.
- Your personal information will remain confidential and will not be distributed, except as required by law or court order.

## **Contact Information**

Name: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

House/Building Number: \_\_\_\_\_

Apt # or Suite # \_\_\_\_\_

Street Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

Home # \_\_\_\_\_

## **Surveillance Camera Information**

Number of surveillance cameras: (Check)   1-3   4-6   7 or more

Camera Views: (Check)   Front   Back   Driveway   Street   Other. \_\_\_\_\_

Do you have a Doorbell Camera? (Check) Yes   or   No

Do you have a Camera system? (Check) Yes   or   No

I have read, understand and agree to the **terms of use** mentioned above\*

I Agree

Signature \_\_\_\_\_ Date \_\_\_\_\_