

BORDENTOWN TWP POLICE DEPARTMENT

VOLUNTARY CAMERA REGISTRATION PROGRAM

Disclaimer and Terms of Use

The goal of the Voluntary Camera Registration Program is to deter crime and promote public safety through collaboration between the Bordentown Township Police Department and the community we serve. Accordingly, all registrants agree to the following terms and conditions:

1. If necessary, the Bordentown Township Police Department will contact you directly, using the information provided by you at the time of registration, to request the appropriate video surveillance footage that may assist in the investigation or prevention of a crime.
2. Any and all video surveillance footage shall remain the property of the registrant until it is requested by the Bordentown Township Police Department and collected from the registrant by a representative of the police department. Your voluntary participation in this program shall not be construed as an obligation to release any surveillance video to the Bordentown Township Police Department upon request.
3. Any footage containing or related to criminal activity collected by the Bordentown Township Police Department may be used as evidence during any stage of a criminal proceeding.
4. Under no circumstances shall registrants construe their participation in this program as being or acting as an agent and/or employee of the Township of Bordentown or the Bordentown Township Police Department.
5. Under no circumstances shall the Bordentown Township Police Department utilize any information obtained to view footage/feeds directly from cameras or surveillance systems owned by registrants, unless expressly permitted by the registrant, and only for the purpose of investigating a crime.
6. The registrants understand that the Bordentown Township Police Department will be using the footage/feeds for investigative purposes only.

Please print and complete page 2 of this form and mail or drop off to:

**Bordentown Township Police Department
1 Municipal Dr., Bordentown, NJ 08505**

Thank You!

BORDENTOWN TWP POLICE DEPARTMENT
VOLUNTARY CAMERA REGISTRATION FORM

First Name _____

Last Name _____

Your Email Address _____

Phone Number _____

Other Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Additional Residents/Names

Number of Cameras ____

Camera View(s) (Check all that apply)

___ Front Yard ___ Back Yard ___ Driveway ___ Alleyway ___ Front Door ___ Back Door

___ East Side of Bldg ___ West Side of Bldg ___ North Side of Bldg ___ Patio ___ Parking Lot

___ Lobby ___ Hallway ___ Room/Office

___ Other: _____

Additional Comments or Information

I, the applicant for/on this **Voluntary Camera Registration Program Form**, warrant the truthfulness of the Information provided in this application.

I understand that checking the box below constitutes a legal signature confirming that I acknowledge and agree that I have typed my name and checked the box myself.

By checking this box I am indicating that I understand and agree to the Disclaimer and Terms of Use above.

Your Signature: _____ Today's Date: _____