



Collegedale Borough Police Department

Security Camera Registration

Location Type:

Business

Residence

School

Business Name (if Applicable) _____

Camera Type/Brand (Ring, Arlo, Blink etc.) _____

Camera Address _____

First name _____ **Last name** _____

Address _____

Email address: _____

Phone # _____

Does someone on-site know how to operate the system? **Yes** **No**

Camera recording properties: **24/7** **Motion** **Designated Hours**

Still Images?

Please briefly describe the area which your cameras record



**Collegedville Police Department
Security camera registration program**

The goal of the program is to deter crime and promote public safety through collaboration between the Collegedville Police Department and the community we serve. Accordingly, all registrants agree to the following terms and conditions:

Any footage containing or related to criminal activity may be collected by the Collegedville Police Department for use as evidence during any stage of a criminal proceeding.

Relevant information is reserved for official use by the Collegedville Police Department and will not be released to any member of the general public or press.

If necessary, the Collegedville Police Department will contact you directly, using the information provided to request the appropriate video surveillance footage.

Under no circumstances shall registrants construe that they are acting as an agent and/or employee of the Collegedville Police Department through the program.

Under no circumstances shall the Collegedville Police Department utilize any information obtained to view footage/feeds directly from cameras owned by registrants.

Registration into the program indicates acceptance of the above terms and conditions.

Please return via email to Officer Thomas Nerlinger tnerlinger@police.collegedville-pa.gov or in person or U.S. Mail.