



MACKINAW POLICE DEPARTMENT

Michael Kemp, Chief of Police

102 East East Avenue, P.O. Box 500

Mackinaw, Illinois 61755

Phone Dispatch: (309) 346-4141

Office: (309) 359-8914



CAMERA REGISTRATION FORM

Name: _____ Best Contact Phone Number: _____

Address: _____

May We Contact You to Request Security Camera Footage if a Crime Occurs in Your Area? ____

Please List All Exterior Cameras:

Location/Side of House (N,W,E,S)	Direction Pointed (N,W,E,S)	Continuous or Motion Activated?	Infrared/Night Vision
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How Long Does Your System Retain Video Footage For? ____Days ____Weeks ____Months

System Storage Size: ____ (Please check one) ____ MB ____ GB ____ TB

System Export Medium Capabilities: ____ VHS ____ CD ____ DVD ____ USB (Please Circle All That Apply)

Signature of Homeowner: _____

Date: _____

This information is for Police Department use only. Any information provided will not be shared with the public. In the event that footage from your security camera system leads to an arrest, it is possible you will be contacted for court/prosecution purposes.