



**City of Cottleville
Police Department**
5490 Fifth Street
Cottleville, Missouri 63304
636-498-6464
Fax: 636-498-6573

Resident Camera Program Registration Form

Full Name: _____

Address: _____

Zip Code: _____

Phone_(_____)_____ **Alternate Phone:** _(_____)_____

Email: _____

Camera Locations/Other Comments (Provide locations/camera view descriptions, etc.)

Terms and Conditions

The information you provide regarding your camera systems will be for official use only. Your personal information will remain confidential and not be distributed except as required by law or court order. This program is entirely voluntary and you can withdraw consent to view video footage from your camera system at any time by calling the Cottleville Police Department Police Administrative Records Division. If necessary, the Cottleville Police Department will contact you directly, using the information provided by you at the time of registration, to request the appropriate video surveillance footage. Any footage containing or related to criminal activity collected by Cottleville Police Department may be used as evidence during any stage of a criminal proceeding and registrants could be subject to a court subpoena. Under no circumstances shall the registrants construe that they are acting as an agent and/or employee of the City of Cottleville or Cottleville Police Department through the program.

Accept Terms and Conditions

Signature

Date

Send completed forms to: steve.james@cityofcottleville.com

You may also submit the completed forms to the mailing address above.