

HURON POLICE DEPARTMENT

417 Main Street

Huron, OH 44839

Phone: (419) 433-4114

Fax: (419) 433-3272



SURVEILLANCE CAMERA REGISTRATION

Date: _____ BUSINESS RESIDENCE

Address: _____

Name Of Business / Residence (Surname): _____

Contact Person: _____ Phone Number: _____

Email: _____

Audio recording at this location? Yes No

Coverage of street access area? Sidewalk, street, etc. Yes No

Camera View: Front Back Side Interior Street

Number of cameras at location: Interior _____ Exterior _____

Identify camera type: Pan/tilt/zoom Fixed Brand _____

Camera specifications: Hi def Infrared Other _____
 Standard Low Light

Recorder: DVR Analog Cloud/Web Brand _____

Format (MPG, MP4, AVI, etc.): _____ How long is recording retained? _____

**PLEASE RETURN ALL FORMS TO THE HURON POLICE DEPARTMENT AT
POLICE@HURONOHIO.US**