



CARBONDALE KANSAS POLICE DEPARTMENT

CARBONDALE COMMUNITY VIDEO NETWORK



Name: _____

Address: _____

Phone: _____

Email: _____

Number of cameras: _____

Residence or Business: _____

Camera Type, location(s) and direction/
orientation: _____

Camera Quality: MPEG H.264 Analog Digital 640 X 480 1280 X 960 Other

Video Recorded? Yes No

Minimum Retention Period: _____

By signing this form you agree that you are willing to be contacted by the Carbondale Kansas Police Department in the event that an active criminal investigation is being performed in your area.

You acknowledge that any video, audio, or photo evidence captured on your cameras and provided to the Carbondale Kansas Police Department will be used for the purpose of criminal prosecution and may be disseminated to fellow law enforcement agencies, court services, city and county prosecution teams or to news media outlets as deemed appropriate or necessary by the Chief of Police. The Carbondale Kansas Police Department will not provide your name or personal information to any private entity, in any publicly disseminated information or release, and will maintain your information in a confidential manner.

YOU MAY OPT OUT OF THIS PROGRAM AT ANY TIME BY NOTIFYING THE CHIEF OF POLICE IN WRITING EITHER IN PERSON OR VIA EMAIL.

Signature: _____ Date: _____