

OFFICE OF THE
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District Attorney

Video Camera Community Partnership Program Submission Form

*** Required**

Address of Camera Location * _____

Camera Description * _____

How many cams and describe where each of the camera's are pointed (ie : street or parking lot)

Business name _____

Contact Name * _____

Contact Phone number * _____

Contact Email Address _____

Will You Allow Remote access? * _____

Remote Access Details:

If Remote access is available. Enter username, Password and Web URL or IP Address
