



Community Camera Program

First Name*

Last Name*

Business Name (If Applicable)

Address Camera(s) Located*

Email*

Phone Number*

Number of Cameras* _____

Location of Cameras (Please check all that apply)*

- Lobby Hallway Office(s) North Side of Property South Side of Property
 West Side of Property East Side of Property

Other Information:

Acknowledgement

If necessary, the Mason City 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 and all video surveillance footage shall remain the property of the registrant until it is requested by the Mason City Police Department and collected from the registrant by the Mason City Police Department. Your voluntary participation in this program shall not be construed as an obligation to release any surveillance video to the Mason City Police Department upon request. Any footage containing or related to criminal activity collected by the Mason City Police Department may be used as evidence during any stage of a criminal proceeding. Under no circumstances shall registrants construe that they are acting as an agent and/or employee of the City of Mason City and/or the Mason City Police Department through the program. Under no circumstances shall the Mason City Police Department utilize any information obtained to view footage/feeds directly from cameras owned by registrants.

Signature* _____

Date* _____