

P 515-573-1424 • F 515-573-7788 • fdpd@fortdodgeiowa.org

Community Camera Program

Contact Information First Name: _____ Last Name: _____ Business Name: (If applicable) Street Address: (Location of Cameras) City: _____ State: ____ Zip: ____ Email Address: _____ Phone: ____ **Camera Information** Number of Cameras: **Camera Views:** Select all that apply. Front Yard North Side of Property Back Yard South Side of Property Driveway West Side of Property Alley East Side of Property Front Door Lobby **Back Door** Hallway Rooms / Office Street Other: Patio Parking Lot **Acknowledgment** If necessary, the Fort Dodge 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 Fort Dodge Police Department and collected from the registrant by the Fort Dodge Police Department. Your voluntary participation in this program shall not be construed as an obligation to release any surveillance video to the Fort Dodge Police Department upon request. Any footage containing or related to criminal activity collected by the Fort Dodge 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 Fort Dodge and/or the Fort Dodge Police Department through the program. Under no circumstances shall the Fort Dodge Police Department utilize any

information obtained to view footage/feeds directly from cameras owned by registrants.