The Flagler Beach Police Department is requesting your assistance in creating a database of residences and businesses within the city that have video camera systems. With your assistance and video footage from your residence or business, we will have a better chance of solving crimes that occur in your neighborhood. If you would like to participate in this exciting new program, please complete the form below and drop it off at our office at 204 S. Flagler Ave Flagler Beach FL 32136 or mail it to us at P.O. Box 36 Flagler Beach FL 32136. Thank you for assistance!

**PLEASE PRINT THE FOLLOWING INFORMATION**

Name: ______________________________

Address: _____________________________________________________________

Telephone #: __________________________ Main color of your home:_____________________

Nearest major intersection of your home:_________________________________________

**Please circle your answers below.**

1. Are the cameras at this address for a business or a residence?
   
   Business
   
   Residence

2. Does your system record?
   
   Yes
   
   No

3. Do you know how to operate your system to include downloading the video or pictures?
   
   Yes
   
   No

4. Is your system web based or maintained on a hard drive (DVR)?
   
   Web Based
   
   Hard Drive

5. Are your cameras operational?
   
   Yes
   
   No

6. Do the cameras capture any portion of the roadway?
   
   Yes
   
   No
7. Where are your cameras located?

   Inside

   Outside

   Both

Camera Registration Program - Disclaimer

By submitting this form, you hereby certify that you have read and understood the terms and conditions hereinafter described. In the interest of deterring crime and promoting public safety, you agree that the Flagler Beach Police Department may contact you directly to request surveillance footage if there is reason to believe that your security system has captured evidence of criminal activity. You further understand and agree that you are solely responsible for your security camera system and that you assume all risks and liability regarding the use and operation of such system. You hereby waive, release, and discharge the Flagler Beach Police Department and its employees, representatives, and agents from any and all liability arising from the use of your security system and your participation in this camera registration program. Any footage turned over by you to the Flagler Beach Police Department is done so voluntarily and will be protected from public disclosure to the extent required by Sections 281.301 and 119.071, Florida Statutes (2017), except where disclosure is necessary for an official law enforcement purpose as when footage is shared with the offices of the State Attorney and Public Defender. Registrants may terminate their participation in this program upon written request. The Flagler Beach Police Department makes no warranties, representations, or guarantees as to the effectiveness of this program in reducing or resolving crime or protecting any person from death or serious injury. Under no circumstances shall this form be interpreted as an authorization for any registrant to act as an agent and/or employee of the Flagler Beach Police Department.

Signature of property owner: ____________________________________________  Date: __________________