



**PARMA HEIGHTS POLICE DEPARTMENT  
SECURITY INFORMATION FORM**



Business/Occupant Name: \_\_\_\_\_

Street Number: \_\_\_\_\_

Street: \_\_\_\_\_

Suite: \_\_\_\_\_

**CONTACT NUMBERS**

Property/Business Phone Number: (        )

Contact Type (Mgr., Key Holder, etc.)	First Name	Last Name	Phone 1	Phone 2

**SECURITY INFORMATION**

Alarm Company: \_\_\_\_\_ Alarm Company Phone: \_\_\_\_\_

Is there audio recording at this location?  Yes  No

Are there video cameras on the premises?  Yes  No

If yes, how many cameras are...  # Interior  # Exterior

If yes, please check areas the cameras cover

<input type="checkbox"/>	Exterior Front	<input type="checkbox"/>	Street
<input type="checkbox"/>	Exterior Rear	<input type="checkbox"/>	Sidewalk
<input type="checkbox"/>	Exterior Side	<input type="checkbox"/>	Interior

Camera Identification Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Camera Type  Pan Tilt zoom  Fixed

Camera Specification

<input type="checkbox"/>	High Definition	<input type="checkbox"/>	Infrared
<input type="checkbox"/>	Standard	<input type="checkbox"/>	Low-Light
<input type="checkbox"/>	Other: _____		

Recorder Information

<input type="checkbox"/>	Brand: _____	<input type="checkbox"/>	DVR
<input type="checkbox"/>	Model: _____	<input type="checkbox"/>	Analog
<input type="checkbox"/>	Retention Length: _____	<input type="checkbox"/>	Cloud/Web
<input type="checkbox"/>	Video Format (MPG, MP4, AVI, etc.): _____		

Contact Information for Video Retrieval

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please return the completed form by dropping it off at the Parma Heights Police Department, located at 6184 Pearl Road