



**Cuyahoga County Prosecutor's Office
Crime Strategies Unit
Surveillance Camera**

Date: _____ Business Residence

Address: _____

Name of Establishment/Residence: _____

Contact Person: _____

Phone Number: _____

Email: _____

Audio Recording at this location? Yes No

Coverage of Public Access Areas? Sidewalks, street, etc. Yes No

Camera view Front Back Side Interior Street

Number of Cameras at Location: Interior _____ Exterior _____

Identify the Camera: Pan Tilt zoom Fixed **Brand:** _____

Camera Specification High Def Infrared
 Standard Low Light **Other:** _____

Recorder DVR Analog Cloud/Web **Brand:** _____

Format: (MPG, _____ Retention Policy _____
MP4, AVI, etc.)

**Please return all forms to the Cuyahoga County Prosecutor's Office, Crime Strategies Unit, at
mherb@prosecutor.cuyahogacounty.us**