



PELLA POLICE DEPARTMENT

614 Main Street | Pella, IA 50219
"Committed to Excellence"

Contact Information

First Name: _____ Last Name: _____

Business Name (If applicable): _____

Street Address (Location of Cameras): _____

Email Address: _____ Phone: _____

Alternative Phone: _____

Best time and method to contact you: _____

Additional Contact information: _____

Camera Information

Number of Cameras: _____

Is Audio available and if so which cameras: _____

Video Format: _____

How long is video stored: _____

How is video accessed: _____

Additional Comments: _____

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

Street Rooms / Office

Patio

Parking Lot

Other: _____

Chief Shane McSheehy
(641) 628-4921 (telephone)
(641) 628-9653 (fax)
pellapd@cityofpella.com



Acknowledgment

If necessary, the Pella 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 Pella Police Department and collected from the registrant by the Pella Police Department. The PCCP does not grant the Pella Police Department the right to directly or remotely access a registered individual's camera(s), cloud storage, or surveillance footage unless expressly authorized by the registered owner. Your voluntary participation in this program shall not be construed as an obligation to release any surveillance video to the Pella Police Department upon request. Any footage containing or related to criminal activity collected by the Pella Police Department may be used as evidence during any stage of a criminal proceeding. This program is entirely voluntary; registrants can withdraw consent for the inclusion of their camera information in the VSCR database at any time. Under no circumstances shall registrants construe that they are acting as an agent and/or employee of the City of Pella and/or the Pella Police Department through the program.

Signature _____ Date: _____

Please email the completed form to bdoane@cityofpella.com or drop off at or mail to 614 Main St Pella, IA 50219