



CLARK COUNTY

SECURITY CAMERA REGISTRY PROGRAM

Email:

Resident or Business Name:

Address:

Phone:

Type of video surveillance system:

Number of Cameras:

Please check camera location: Inside Outside

If located outside, please indicate what the camera is facing:

Can you see the roadway? Yes No

How long are images saved on your system? _____

Please return completed form to:

By regular mail: Clark County Prosecutor's office

50 E. Columbia Street, Suite 449

Springfield, Ohio 45502

By email: dwilson@clarkcountyohio.gov

By fax: (937) 328-2657