



Project Eagle Eye

Private Security Camera Registration

Contact Information

First Name

Last Name

Phone Number

Alternate Phone Number

E-mail

What type of location?

Residential

Business

If applicable, please enter your Business Name

Street Address

City

State

Zip

Video Information

Can video be e-mailed?	Can system videos be downloaded onto a CD or thumb drive or both?
Yes	CD
No	Thumb Drive

Camera Information

Does your home or business have external cameras?	Do your external cameras have a view of the street?
Yes	Yes
No	No

Number of cameras at this location?

How long does your system retain video? (usually in hours, days or weeks)

Please provide a list of who can download videos (phone number and hours available)

E-mail to: bbowles@sumterso.org

Thank you for your participation.