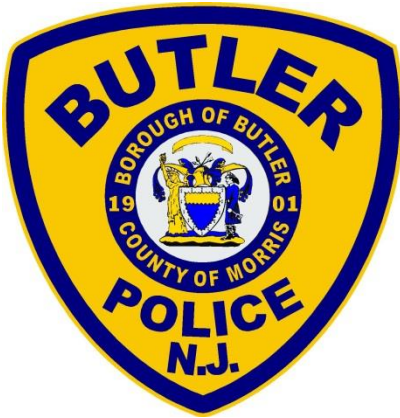


**BUTLER POLICE DEPARTMENT
CITIZENS ELECTRONIC EYE PROGRAM REGISTRATION**



The Information provided to the Butler Police Department regarding your camera system will be for official use only. Your personal information will be confidential and not be for public dissemination.

Business Name: _____

Individual Name (required): _____

Street Address (required): _____

Email(required): _____

Business / Home Phone(required): _____

Cell Phone Number: _____

Camera Location Type: (Indoor/Outdoor): _____

Number of Cameras _____

How Long is Video saved for (if known) _____

Additional Remarks:
