



CHICAGO PLAN REGISTRATION FORM

CAPS PROJECT OFFICE
3510 South Michigan Ave Chicago, IL 60653
Phone: (312) 745-5907 • Fax: (312) 745-1099

You can also register online at www.chicagopolice.org

*Fields marked with * are mandatory. If unknown, please indicate "unknown."*

ESTABLISHMENT DETAILS

Type of Location (Business, Residence, Other)* _____

If Applicable:

Business Name* _____

Type of Business* _____

Street Address* _____

City, State and Zip* _____

SECURITY CAMERA DETAILS

Number of Cameras in Location* _____

Describe Areas Recorded (Exterior; interior; footpath, etc.) _____

Approximate Addresses of Recorded Locations _____

Recording Period (24/7, business hours, motion activated, etc.)* _____

Image Retention Period (Material kept before deleted)* _____

Describe Type of System (Pan-tilt zoom, Uni-directional, digital, analogue, multiplex, low-light capable, etc.) _____

Medium for Supplying Footage (DVD, VHS, etc.) _____

Software Required to Playback Digital Footage (Quicktime, Windows Media Player, etc.) _____

Camera Make and Model _____

CONTACT INFORMATION

Security Camera Owner's Full Name* _____

Owner 24-Hour Contact Number* _____

Email Address _____

Camera Operator (if monitored by a security company) _____

Operator 24-Hour Contact Number _____

Alternate Contact Number _____

Are there any other details to add? _____

The Chicago Police Department and the Office of Emergency Management and Communications thank you for voluntarily providing your private security camera details.

Return completed form by fax to 312-745-1099 or your local district CAPS office.

If you wish to update or delete your information, please contact the Chicago Police Department, CAPS Project Office, 312-745-5907.



Help the Police Capture the Crime and the Criminal!