

WOODCLIFF LAKE POLICE DEPARTMENT

NEIGHBORHOOD CRIME WATCH

VIDEO SURVEILLANCE REGISTRATION FORM



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

Business/Individual Name (required): _____

Street Address (required): _____

Email (required): _____

Phone (required): _____

Camera Location Type: (Indoor/Outdoor): _____

Surveillance Camera Data Base

Sgt. Dennis DeAngelis #421
ddeangelis@wclpd.com

Sgt. Craig DeGeorge #419
cdegeorge@wclpd.com