



**CHILLICOTHE POLICE DEPARTMENT**

823 N. SECOND STREET - CHILLICOTHE, IL 61523

**CHILLICOTHE POLICE DEPARTMENT  
COMMUNITY CAMERA PARTNERSHIP REIMBURSEMENT PROGRAM  
INSTALLATION OF NEW SURVEILLANCE CAMERAS**

Dear Property Owner:

This is to acknowledge your request for information concerning the Chillicothe Police Department's **Community Camera Partnership Reimbursement Program** – Installation of new outside surveillance cameras. This program shares in the cost of installation of new outside surveillance cameras at an individual's residence or place of business. The Chillicothe Police Department will reimburse property owners a maximum of \$200.00 **subject to prior approval of application**. To improve access to the limited funds available, the maximum participation by the Chillicothe Police Department is \$200.00 per property and a homeowner and or business owner may submit a maximum of two properties.

**TO APPLY: Submit a completed Camera Partnership Program – installation of new outside surveillance cameras application using the following guidelines:**

- The property must be located within the corporate boundaries of the City of Chillicothe
- A minimum of two (2) surveillance cameras with night vision
- Brand of surveillance cameras being installed
- Cost of surveillance cameras
- Name of Company doing the installation of cameras or if being done by the owner
- Recording retention period minimum of 48 hours

**FOR REIMBURSEMENT:**

- Community Camera Partnership Program Registration Form completed
- Signed copy of Community Camera Partnership Program Terms and Conditions
- Chief of Police or his designate must inspect that the cameras are working
- Chief of Police or his designate must inspect that the recording retention period minimum of 48 hours is working and able to be viewed.
- Forward the paid receipt for the surveillance camera system to the Chief of Police. You will then be reimbursed the previously approved amount.

Thank you for your inquiry. We look forward to working with you to help implement your surveillance cameras. If you have any questions please contact Chief Cooper at 309-274-3593.



**Chillicothe Police Department  
Community Camera Partnership Program**

**Registration Information**

**First Name:**

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**Last Name:**

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**Business Name (If a business):**

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**Street Address:**

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**Unit/Apartment Number:**

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**Telephone Number:**

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**Email Address:**

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**Number of Cameras:**

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**Recording Period:**

- Only when motion is detected**
- Only during business hours**
- 24 hour recording**

**Estimated Retention Period (how long before the video is overwritten?):**

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**What areas do your cameras cover? Select all that apply:**

- Front Yard**
- Back Yard**
- Side Yard**
- Parking Lot**
- Street**
- Cash Register (Businesses)**
- Interior (Businesses)**

**Any Additional Information:**

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**Chillicothe Police Department  
Community Camera Partnership Program**

**Terms and Conditions**

The information you provide regarding your camera systems will be for official use only. Your personal information will remain confidential and not be distributed except as required by law or court order. This program is entirely voluntary and you can withdraw consent to view video footage from you camera system at any time by calling the Chillicothe Police Department. If necessary, the Chillicothe Police Department will contact you directly, using the information provided by you at the time of registration, to request the appropriate video surveillance footage. Any video footage containing or related to criminal activity collected by the Chillicothe Police Department may be used as evidence during any stage of a criminal proceeding. Under no circumstances shall the registrants construe that they are acting as an officer and/or employee of the City of Chillicothe and/or the Chillicothe Police Department through the program.

**I understand and agree to the Disclaimer and Terms of Use**

\_\_\_\_\_   
Registrants Name

\_\_\_\_\_   
Date