

**EAST PROVIDENCE POLICE DEPARTMENT  
SECURITY CAMERA REGISTRATION PROGRAM**

\*Indicates Required Field

**Contact name\***

First	Last
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**Address of Camera Location\***

Street Address
Address Line 2
City, State
Zip Code

<b>Email*</b>
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**Main Contact Number\***

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**Video System Components\***

- Interior
- Exterior

**Exterior Camera Views\***

- Front Yard    Front Porch    Rear Yard    Rear Deck
- Left Side Yard    Right Side Yard    Garage
- Parking Lot    Street and Passing Vehicles

**Nearby Intersections or Major Landmarks**

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Type of Recording System\*

- DH-High Definition    SD-Standard Definition  
 Infrared    Motion Activated    Low Light

Other

Method of Recording (ex. VCR, Digital, Cloud, etc.) and Length of Retention (ex. 30 days)\*

Submission via e-mail: [afalvey@cityofeastprov.com](mailto:afalvey@cityofeastprov.com)

Mail or In-Person Drop Off:  
East Providence Police Department  
Attention: Alyssa  
750 Waterman Ave  
East Providence, RI 02914