



TEXARKANA POLICE DEPARTMENT
CITY OF TEXARKANA, ARKANSAS
 P.O. BOX 1885
 TEXARKANA, AR 75504-1885
 (903) 798-3130
 FAX (903) 798-3409
www.txkusa.org/arkpolice



“Excellence Innovation Integrity”

Is this registration for an Individual Residence or a Business?

- Individual Residence Business

First Name: _____ Last Name: _____

Business Name: _____

Name of Responsible Party, if Business: _____

Street Address: _____

Apartment or Unit Number: _____

City: _____ Zip Code: _____

Best Contact Telephone Number: _____

Phone Number of Responsible Party, if Business: _____

Email Address: _____

How long will your camera system retain recordings? _____

How can video be copied? _____

How are your videos stored? DVR Tape Cloud

What are your camera specifications? *

- HD/High Definition SD/Standard Definition Infrared
 Low Light Other

What view(s) does your camera capture? (Residential)

- Front area of your residence Backyard of your residence
 Side area of your residence Street and vehicles

What view(s) does your camera capture? (Business)

- Front entry of business Rear of business
 Sides of business Parking areas
 Street(s) adjacent to business

Operation SafeCam. Mail completed form to above address Attn: Sgt. Rick Cockrell, or Email to: rick.cockrell@txkusa.org.