



Real Time Crime Center
Video Share Interest Form

Business/Property Owner Name: _____

Location Address: _____

Business/Owner Contact Information:

Name: _____

Phone(s): _____

Email: _____

Camera System Provider (Video Management System):

of Cameras: _____

Is the system connected to the internet? _____

Are all cameras ONVIF compliant? _____

Do you have additional equipment? Ex. LPR, Panic Button

Is there a company that installed the system? Services? Monitors?

Please email responses to RTCC@sheriff.org or call 954-321-4200