

Government Facility Surveillance Installation Form

Facility Details

Facility Name	<input type="text"/>	Address	<input type="text"/>	Contact Person	<input type="text"/>
<input type="text"/>	Contact Phone	<input type="text"/>	Contact Email	<input type="text"/>	<input type="text"/>
<input type="text"/>					

Surveillance Requirements

Areas to be Covered	<input type="text"/>	Number of Cameras	<input type="text"/>	Camera	<input type="text"/>
Type	<input type="text"/>	Recording Period (days)	<input type="text"/>		

Special Instructions

Instructions / Requests	<input type="text"/>
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