



**Notification Regarding Security Cameras**

For safety purposes and for the protection of residents and staff of Selah Place shelter, security cameras have been added throughout the premises.

By signing below, I acknowledge that I have received and understand the Notification Regarding Security Cameras form.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_