



Video Surveillance Camera Registration Form

Location details

Is your system located at a residence or commercial/business establishment? (circle one)

RESIDENTIAL COMMERCIAL/BUSINESS

Homeowner or Business Name: _____

Full Street Address: _____

Recording Period: (circle one) **MOTION 24/7 BUSINESS HOURS**

Are your images saved and stored on a DVR or recording device: (circle one) **YES NO**

How long is your data stored (i.e. 24 hours, one week, 30 days): _____

Describe areas recorded (i.e. street view, front yard, parking lot, etc): _____

Contact information

Primary Contact for Camera: _____

Email: _____ Phone: _____

Are the cameras monitored by a security company: (circle one) **YES NO**

In the event that the Police Department needs access to your recording to investigate a crime, would you allow access to the recording? (circle one) **YES NO**

Comments: _____
