



SECURITY CAMERA REGISTRATION

NAME: _____

DATE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF ESTABLISHMENT
(RESIDENTIAL OR COMMERCIAL) _____

ADDRESS OF CAMERA SYSTEM: _____

SECURITY CAMERA OPERATOR NAME
(IF MONITORED BY COMPANY) _____

PHONE NUMBER OF COMPANY: _____

ADDITIONAL INFORMATION ABOUT
THE CAMERA SYSTEM: _____

(FIELD OF VIEW, SPECIAL
INSTRUCTIONS, LOCATION OF MAIN
CONTROL BOX, ETC) _____



SECURITY CAMERA DETAILS

NUMBER OF CAMERAS:

DESCRIBE AREA RECORDED:

RECORDING PERIOD

(24 HR, MOTION-ACTIVATED, ETC)

Y N

ARE VIDEOS STORED ON DEVICE?

IF YES, FOR HOW LONG?

Y N

IS THERE A LIVE FEED?

IF YES, WOULD YOU BE WILLING TO

ALLOW THE PD TO ACCESS?

LINK OF FEED:

THE CARMEL POLICE DEPARTMENT THANKS YOU FOR VOLUNTARILY PROVIDING YOUR PRIVATE SECURITY CAMERA INFORMATION. THIS INFORMATION WILL BE FOR OFFICIAL DEPARTMENT USE ONLY, WILL REMAIN CONFIDENTIAL AND NOT BE PUBLICLY DISTRIBUTED OR AVAILABLE. FOR MORE INFORMATION OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL 831-624-6403.

ONCE COMPLETED, PLEASE RETURN TO CPD AT SE JUNIPERO & 4TH, FAX TO (831) 624-4296 OR MAIL TO PO BOX 600, CARMEL, CA 93921.