



Name: _____

Address: _____

Phone #: _____

Video Surveillance Registration Form

Do you have a private video surveillance system?

- Yes
- No

Is your system located at a residence or commercial / business establishment?

- Residence
- Business

What is the full address (include house #, street name, unit #, city and zip code) your system is located?

How many cameras do you have?

Do you save / store images and video on a DVR or recording device?

- Yes (if yes please specify at the box at the bottom of page)
- No

It is recommended you save data for at least 14 days.

What type of video surveillance system do you utilize? (Ring, Nest, CCTV, etc) _____

What areas does your surveillance system cover?

- Front yard Back yard Driveway Alley Front door Back door
- Street view Other (specify) _____

Who is the primary contact for the cameras? _____

What is the best phone number to reach the primary contact? _____

What is an alternate contact and phone number to contact? _____

Do you have a live feed? _____

Is there anything specific to your camera system that you would like us to know?