

**CAMERA REGISTRATION PROGRAM
REGISTRATION FORM
Ordinance No. 4629**

Please print legibly – please answer all questions

Check One: New Registration Remove Registration Update Existing Registration

Occupancy Permit No: _____ Residential/Apartment _____ Commercial

Primary Contact Information (Phone number, Email Address – required):

Full Name: _____

Address (if a business please add the name of your business): _____

Phone Number: (_____) _____ - _____ Email: _____

Secondary Contact Information (Phone number, Email Address – required):

Name of Secondary Contact: _____

Address (if a business please add the name of your business): _____

Phone Number: (_____) _____ - _____ Email: _____

Video System Components: _____ Exterior Cameras _____ Interior Cameras

How long will your system store video footage before it's deleted? *30 days recommended*: check one below

15 days 30 days 60 days

Number of Cameras: _____

What areas does your camera system cover? Check all that apply:

Front Yard Rear Yard Open Yards Overlooks City Streets and Passing Vehicles

Garage Left Side Right Side Front Porch Rear Porch

Type of Recording System:

HD (High Definition) SD (Standard Definition) Infrared Low Light Motion Activated

Other _____

Method of Recording: VCR Digital Cloud

I have read, understand and agree to the policy and terms of use as listed on the Berkeley Police Department's website.

Signature: _____ **Date:** _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE

Staff Received: _____ Date: _____ / _____ / _____

Scan and email to Crime Free Housing Coordinator: Staff Signature: _____

Copy to: Police Major: Staff Signature: _____ Date: _____ / _____ / _____

Add to Police Spreadsheet: Staff Signature: _____ Date: _____ / _____ / _____

Add to Permitting File: Staff Signature: _____ Date: _____ / _____ / _____