



## HAMMONTON POLICE DEPARTMENT SURVEILLANCE CAMERA REGISTRY FORM

### Camera Registration Form

### Security Camera Details

Date \_\_\_\_\_

Type of Business or Location \_\_\_\_\_ Number of Camera(s) \_\_\_\_\_

Name/Business Name \_\_\_\_\_ Location of Camera(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Further Information on Camera System

Recording Period (24/7, Motion Activated, e.t.c) \_\_\_\_\_

Image Retention Period (How long kept before deleted): \_\_\_\_\_

Do you have a live feed?      YES      NO

If you would like to provide VPD access, please provide web address: \_\_\_\_\_

### Contact Information

Primary Contact (Name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide any additional information: \_\_\_\_\_

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The Hammonton Police Department would like to thank you for voluntarily submitting your private security camera information.

Please return this form to the Hammonton Police Department, 100 Central Ave., Hammonton, NJ 08037  
Phone #609-561-4000 ext. 1, or Fax 609-567-2454