

Video Surveillance Camera Registration

Surveillance Camera Information

Type of Location (check one): Residence Business

Owner Name: _____

Business Name: _____

Street Address: _____

Number of Cameras: _____

Location of Cameras: _____

Recording Period (24/7, Motion Activated, etc): _____

How long are videos retained before they are deleted? _____

Do you have a live feed? Yes No

If you have a live feed and would like to provide ACPD access, please provide web address:

Contact Information

Primary Contact Name(s): _____

Phone Number(s): _____

Email Address(s): _____

Please provide any additional information that you think may be useful:

To submit this form, email to: acpd@angelscamp.gov, or fax to (209) 736-0517, or mail to the Angels Camp Police Department at PO Box 459, Angels Camp, CA 95222

The Angels Camp Police Department thanks you for voluntarily submitting your private security camera information.

