



BERKELEY TOWNSHIP POLICE DEPARTMENT
VOLUNTARY SECURITY CAMERA REGISTRATION FORM



NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

(BEST) _____

LOCATION:

- ☐ RESIDENTIAL
☐ COMMERCIAL

RECORDING
TYPE:

- ☐ MOTION
☐ 24/7 CONSTANT

☐ BUSINESS HOURS ONLY

TYPE OF SYSTEM (EX: RING, CAMERA, ADT ETC.): _____

ARE YOUR IMAGES STORED ON A DVR OR A RECORDING DEVICE?

☐ YES

☐ NO

HOW LONG IS DATA STORED?

☐ 24 HOURS

☐ 7 DAYS

☐ 30 DAYS OR GREATER

MARK AREAS RECORDED:

☐ FRONT

☐ REAR

☐ SIDE

☐ PARKING LOT

☐ STREET

☐ DRIVEWAY

☐ FRONT DOOR

☐ BACK DOOR

☐ GARAGE DOOR

☐ LOADING DOCK

☐ REGISTER

☐ OFFICE/ETC

☐ INTERIOR

☐ OTHER

IS THERE A MONITORING SERVICE? ☐ YES

☐ NO

IN THE EVENT THAT BERKELEY TOWNSHIP POLICE DEPARTMENT NEEDS ACCESS TO YOUR RECORDING TO INVESTIGATE A CRIME, WOULD YOU ALLOW ACCESS TO THE RECORDING?

☐ YES

☐ NO

ADDITIONAL INFORMATION:

