## CAMERA REGISTRATION PROGRAM REGISTRATION FORM

Ordinance No. 4629

Please print leg	gible – please answer all questions	S			
Check one:	□ New Registration	□ Remove Registration	🗆 Updat	e Existing Registration	
Occupancy P	ermit No	Residential/Ap	artment	Commercial	
Full Name		number, Email address - required):			
	business please and the name of ye	our dusiness)			
Phone Num	ber ()	Email:			
Name of Se	condary Contact	one number, Email address - req			
Phone Num	ber ()	Email:			
Video Syste	m components:	Exterior Cameras	Interic	or Cameras	
How long w	vill your system store video	o footage before it's deleted?			
Number of (	Cameras:				
$\Box$ Front yard	□ Rear yard □ Open y	over? check all that apply? yards		es	
□ HD (High ]	ording System: Definition)	Definition)   Infrared	] Low Light	☐Motion Activated	
Method of <b>F</b>	Recording: 🗆 VCR	□ Digital □ Cloud			
I have read Department		to the policy and terms of	use as listed of	on the Berkeley Police	
Signature			Date:		
Signature		DO NOT WRITE BELOW THIS LIN	F		
Staff Received					
		or: Staff Signature:	-		
	C C				
			Date:		
Add to permitting file: Staff Signature					