



BELVEDERE POLICE DEPARTMENT

Citizens' View Security Camera Program

The Belvedere Police Department would like to thank you for voluntarily providing your private security camera detail. Our goal is to make Belvedere an undesirable place for criminals to commit their crimes. This form can be submitted online, printed out and dropped off at the Police Department, or mailed to 450 San Rafael Avenue, Belvedere, CA 94920. If you prefer contact by phone, or in person, contact an officer at 415-435-3266.

ESTABLISHMENT DETAILS

Type of location (residence, business): _____

Business Name: _____ *Business Type:* _____

Full Street Address: _____

City, State, and Zip Code: _____

SECURITY CAMERA DETAIL

Number of cameras at location: _____

Recording period (24/7, business hours, motion activated): _____

Are your images saved and stored on a DVR or recording device? _____

How long is your data stored (i.e. 24 hours, one week, etc): _____

Describe the areas recorded (street view, front yard, etc.) *please be as detailed as possible:*

CONTACT INFORMATION

Primary contact for the cameras: _____

Email: _____ **Phone Number:** _____

Secondary contact for the cameras: _____

Email: _____ **Phone Number:** _____

Is the camera monitored by a security company: _____

If yes, what is their name and phone number: _____

In the event that the Police Department needs access to your recording to investigate a crime, would you allow access to the recording? _____

Comments. *Is there anything specific to your cameras that you would like us to know?*
