CAMERA REGISTRY PROGRAM
REGISTRATION FORM

Registration Number (if any): _____

Check one: ☐ New Registration ☐ Remove Registration ☐ Update Existing Registration

Building Type: ☐ Residential/Apartment ☐ Commercial

Primary Contact Information

Camera Owner's Name	Business Name (if applicable)
Camera Owner's Email	Camera Owner's Phone Number

Address of Camera Location

Camera Information

Video System Components: _____ Exterior Cameras _____ Interior Cameras

How long will your system store video footage before it is deleted?

☐ 15 Days ☐ 30 days ☐ 60 days If other, please specify: _____

Number of Cameras: _____

What areas does your camera system cover? Check all that apply.

☐ Front yard ☐ Rear yard ☐ Open yards ☐ Overlooks city streets and passing vehicles

☐ Garage ☐ Left side ☐ Right side ☐ Front porch ☐ Rear porch

Nearby Intersections or Landmarks Recorded:

Type of Recording System:

☐ HD (High Definition) ☐ SD (Standard Definition) ☐ Infrared ☐ Low Light

☐ Motion Activated If other, please specify: _____

Method of Recording: ☐ VCR ☐ Digital ☐ Cloud

Camera Owner's Signature	Date

By signing, you agree to the Camera Registry Program terms of use/disclaimer and acknowledge that you have read and understood the terms of use/disclaimer.

Please, upload an image of your camera(s) to http://www.kemahpolice.org/. (Images should be taken from approximately 6 feet away).