

ROCKLIN POLICE DEPARTMENT

4080 ROCKLIN ROAD ROCKLIN, CA 95677 (916) 625-5400 | (916) 625-5495 (fax) rpdcamerareg@rocklin.ca.us

CAMERA REGISTRATION FORM - COMMERCIAL

Fields marked with * are mandatory

DATE:
STABLISHMENT DETAILS
susiness Name*:treet address*:
ECURITY CAMERA DETAILS
Jumber of cameras at location*:
Describe areas recorded (exterior, interior, alley, front door, offices, street view, parking lot, etc.)*:
lecording period (24/7, business hours, motion activated, etc.)*:
re images kept on a DVR or recording device?: \square Yes \square No
mage retention period (how long kept before deleted)*:
o you have a live feed? ☐ Yes ☐ No
f you have a live feed and would like the police department to have access, please give us the web addre
ive feed access information (if not open source):
CONTACT INFORMATION
rimary contact name (person with access)*:
rimary contact phone number*:
mail address:
Camera operator (if monitored by a security company):
Operator 24-hour contact phone number:
additional information:

The Rocklin Police Department thanks you for voluntarily providing your private security camera information.

Information provided to the Rocklin Police Department regarding your camera system will be for official department use only.

Your personal information will be confidential and not for public dissemination.

Return completed form by fax to (916) 625-5495, by mail to Rocklin Police Department, Camera Registration, 4080 Rocklin Road, Rocklin, CA 95677 or by email to rpd.camera.registration@rocklin.ca.us