

## **ROCKLIN POLICE DEPARTMENT**

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

## CAMERA REGISTRATION FORM - COMMERCIAL

Fields marked with \* are mandatory

DATE: _	
ESTABLISHMENT DETAILS	
Business Name*:	
Street address*:	
SECURITY CAMERA DETAILS	
Number of cameras at location*:	
Describe areas recorded (exterior, interior, alley, front door, offices, street view, parking lot	, etc.)*:
Recording period (24/7, business hours, motion activated, etc.)*:	
Are images kept on a DVR or recording device?: $\square$ Yes $\square$ No	
Image retention period (how long kept before deleted)*:	
Do you have a live feed? ☐ Yes ☐ No	
If you have a live feed and would like the police department to have access, please give us t	he web address.
Live feed access information (if not open source):	
CONTACT INFORMATION	
Primary contact name (person with access)*:	
Primary contact phone number*:	
Email 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 <a href="mailto:rpd.camera.registration@rocklin.ca.us">rpd.camera.registration@rocklin.ca.us</a>