



WINTERS POLICE DEPARTMENT

702 MAIN STREET WINTERS, CA 95694 (530) 795-2261 | (530) 795-4561 (fax)
www.winterspolice.org/capture

CAMERA REGISTRATION FORM

Fields marked with * are mandatory

DATE: _____

ESTABLISHMENT DETAILS

Resident Name*: _____

Street address*: _____

Business Resident*

SECURITY CAMERA DETAILS

Number of cameras at location*: _____

Describe areas recorded (exterior, alley, front yard, driveway, street view, etc.):

Recording period (24/7, motion activated, etc.):* _____

Are images kept on a DVR or recording device?: Yes 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 the 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 Winters Police Department thanks you for voluntarily providing your private security camera information.

Information provided to the Winters 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 (530) 795-3921, by mail to Winters Police Department, Camera Registration, 702 Main St. Winters, CA 95694 or by email to tips.winters@winterspolice.org