



HAMMONTON POLICE DEPARTMENT SURVEILLANCE CAMERA REGISTRY FORM

Camera Registration Form

Security Camera Details

Date _____

Type of Business or Location _____

Number of Camera(s) _____

Name/Business Name _____

Location of Camera(s) _____

Street Address _____

City, State, Zip _____

Further Information on Camera System

Recording Period (24/7, Motion Activated, e.t.c) _____

Image Retention Period (How long kept before deleted): _____

Do you have a live feed? YES NO

Contact Information

Primary Contact (Name): _____

Phone Number: _____

Email Address: _____

Please provide any additional information: _____

The Hammonton Police Department would like to thank you for voluntarily submitting your private security camera information.

Please return this form to the Hammonton Police Department, 100 Central Ave., Hammonton, NJ 08037
Phone #609-561-4000 ext. 1, or Fax 609-567-2454