



SECURITY CAMERA REGISTRATION FORM

Is this for a:

- ☐ Home
- ☐ Business

Resident/ Business Name: _____

Address: _____

Point of Contact: _____

Email Address: _____

Phone Number: _____

Number of External Cameras: _____

Number of Internal Cameras: _____

Make and Model of Systems: _____

Storage and Connectivity: _____

Number of Days Video is Stored Before Getting Deleted: _____

Is the Video Capable of Remote Viewing:

- ☐ Yes
- ☐ No

**Please Save the completed form and email to
HPDCrimePrevention@hastingsgov.org**