



# PACIFICA POLICE DEPARTMENT

## Security Camera Registration Form

Registered Owner Name: \_\_\_\_\_

\*Address of Camera System: \_\_\_\_\_

City: Pacifica Zip: 94044

Location is: (check one)            Business    or            Residence

Company/Business Name (if applicable): \_\_\_\_\_

Contact Phone:(\_\_\_\_\_) \_\_\_\_\_    Email: \_\_\_\_\_

\*One location per form. To register multiple locations, please use separate forms.  
No P.O. Boxes accepted

### System Information

What view(s) do your camera(s) capture? (Residential)

- 1.  Front area of your residence
- 2.  Backyard of your residence
- 3.  Side yard
- 4.  Street and vehicles

What view(s) do your camera(s) capture? (Business)

- 1.  Front entry of business
- 2.  Rear of business
- 3.  Sides of business
- 4.  Parking areas
- 5.  Street(s) adjacent to business

Is video stored on premise and/or cloud service?    Yes    How long? \_\_\_\_\_    or No

### To Return Form Via Email or Mail:

Email: [police@pacificapolice.org](mailto:police@pacificapolice.org)

Mail:    Pacifica Police Department, Attn: Records, 2075 Coast Hwy., Pacifica, CA 94044