

Security Camera Registration and System Information Form

Registered Owner Name: _____

*Address of Camera System: _____

**City: _____ Zip: _____

Is the Address a Business or Residence? _____

Company / Business Name (if applicable): _____

Contact Phone(s): _____ E-Mail: _____

**If you have more than one address/location you would like to register we ask you to please submit a separate form for each location.*

***In order to participate in this program the camera must be located within the City of Ventura.*

Security Camera System Information

Please describe the camera(s) at this address that you have facing or observing public areas (e.g., street/cross street, sidewalk, parking lot, etc).

Camera 1: _____

Camera 2: _____

Camera 3: _____

Camera 4: _____

Camera 5: _____

Note: The registrant is aware of the fact that and consents to the possibility that the department may release the video imagery to the public or to requesters who seek the imagery under the California Public Records Act.

Please mail or email form back to:

Ventura Police Dept. – Attn: Command Center Manager – 1425 Dowell Dr., Ventura, CA 93003

E-mail: videocam@venturapd.org