

**PLEASE PRINT LEGIBLY**



**CITY OF JUNCTION CITY COMMUNITY CAM PROGRAM  
SECURITY CAMERA REGISTRATION FORM**

<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Residential		<input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out	
Address With Security Camera(s)		City & State	Zip Code
Name of Business		Business Phone	
Applicant's Full Name (Person Responsible for the Security Camera)		Date of Birth	
Home Address (If different from above)	City & State	Zip Code	Home Phone
E-Mail Address			
Number of Cameras	Direction(s) Camera(s) Face:		
Is Video Recorded & Saved <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long is the Video Footage Stored?		
Any Other Pertinent Information About Your Camera(s)			

**Confidentiality.** Security Camera(s) locations, types of systems, and the names of occupants are confidential information. This information will not be disclosed to others.

For Office Use Only	
Date Received:	Incident Number: