Camera Registration Form

Please provide contact information and surveillance system description.

* Required

Name *
Date of Birth *
Date*
Address *
Phone *
Email Address (optional)
Number of Cameras *   1   2   3   4   5   6   7   8   Other:
Surveillance System (type): DVR   NVR   CLOUD STORAGE   SERVER BASED Other / Unknown
Camera Brand:
Resolution of Cameras:
Constant recording or Motion: Constant   Motion
Retention Period   less than 1 day / 1 to 5 days / 5 to 10 days / 10 to 30 days / 30+ days
Description of Area Viewed by Cameras