



REGISTERED OWNER - FIRST NAME: \*

REGISTERED OWNER - LAST NAME: \*

COMPANY/BUSINESS NAME (IF APPLICABLE):

LOCATION OF THE CAMERAS: \*

CONTACT PHONE: \*

EXT.

CONTACT EMAIL: \*

LOCATION IS (CHECK ONE): \*    RESIDENTIAL    COMMERCIAL

SYSTEM INFORMATION:

TOTAL CAMERAS:

INTERIOR CAMERAS :

EXTERIOR CAMERAS:

ADDITIONAL CAMERAS/INFORMATION:

ARE IMAGES STORED ON A DVR OR RECORDING DEVICE? \*    YES    NO

IF IMAGES ARE STORED, FOR HOW MANY DAYS? (I.E. 30)

THANK YOU FOR YOUR PARTICIPATION. WORKING TOGETHER, WE CAN REDUCE CRIME.

TO RECEIVE A COPY OF YOUR SUBMISSION, PLEASE FILL OUT YOUR EMAIL ADDRESS BELOW AND SUBMIT.

EMAIL ADDRESS:

DISCLAIMER : PARTICIPATION IN THE PROGRAM IS VOLUNTARY. FOR MORE INFORMATION ABOUT THE PROGRAM, OR TO REPORT A CHANGE IN STATUS (E.G. NO LONGER UTILIZING SECURITY CAMERAS, CHANGE IN EXTERIOR CAMERA LOCATIONS, NO LONGER RESIDING AT THE ADDRESS), PLEASE EMAIL: [BRONXCAMS@BRONXDA.NYC.GOV](mailto:BRONXCAMS@BRONXDA.NYC.GOV)