



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