

# **AMBLER POLICE DEPARTMENT VOLUNTARY SECURITY CAMERA REGISTRATION**

**DATE**

**TYPE OF LOCATION**

- ☐ Business/Commercial
- ☐ Residential

**NAME / BUSINESS NAME**

**STREET ADDRESS**

**NUMBER OF CAMERAS**

**DESCRIBE AREAS RECORDED**

- ☐ Exterior to the front
- ☐ Exterior to the rear
- ☐ Driveway
- ☐ Roadway
- ☐ Exterior to the left\*
- ☐ Exterior to the right\*\*

\*Exterior to the left is while facing your front door the left side of your residence.

\*\*Exterior to the right is while facing your front door the right side of your residence.

**How is the video saved?**

- ☐ VHS
- ☐ DVR
- ☐ Other

**Please specify how the video is saved**

**How long are your video records retained?**

**Person to contact**

**Contact Number**

**Contact Number #2**

**Additional Information**

The Ambler Borough Police Department thanks you for voluntarily providing your private security camera details. Return the completed form via e-mail [twilliams@police.ambler.pa.us](mailto:twilliams@police.ambler.pa.us) or faxed to 215-646-0704. Form can also be U.S. Mailed to...

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