



**Town of Cuba Police Department**

**Surveillance Camera Registration Form**

Location Type: Home \_\_\_\_\_ Business \_\_\_\_\_

Homeowner/ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_

Additional Contact Phone Number: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_

Additional Contact Phone Number: \_\_\_\_\_

Number of Outside Cameras: \_\_\_\_\_

Number of Inside Cameras: \_\_\_\_\_

Number of Days Video Is Stored Until Erased: \_\_\_\_\_