



# REGISTRATION FORM



REGISTERED OWNER - FIRST NAME:

REGISTERED OWNER - LAST NAME:

COMPANY/BUSINESS NAME (IF APPLICABLE):

LOCATION OF THE CAMERAS:

CONTACT PHONE:

CONTACT EMAIL:

LOCATION IS (CIRCLE 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)

Please fill and mail this form to:  
Bronx District Attorney's Office  
Attn: Crime Strategies Bureau  
260 E. 161st Street  
Bronx, NY 10451

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