



Village of Franklinville 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: _____