

VACAVILLE POLICE DEPARTMENT
CITIZEN'S VIEW – SURVEILLANCE CAMERA REGISTRY

Establishment Details

Type of Location: Residence Business

Owner Name: _____

Business Name: _____

Street Address: _____

Security Camera Details

Number of Camera (s) _____

Location of Camera(s): _____

Recording Period (24/7, Motion Activated, etc.): _____

Image Retention Period (How long kept before deleted): _____

Do you have a live feed? Yes No

If you would like to provide VPD access, please provide web address:

Contact Information

Primary Contact (Name): _____

Phone Number: _____

Email Address: _____

Please provide any additional information that you think would be useful:

The Vacaville Police Department thanks you for voluntarily submitting your private security camera information for our Citizen's View program.

To submit this form, print out and fax to (707) 449-5474 or mail to
Vacaville Police, Citizen's View, 660 Merchant Street, Vacaville CA, 95688