VIDEO CAMERA REGISTRATION FORM
STOCKTON POLICE DEPARTMENT
CITIZENS OBSERVATION PROGRAM (C.O.P.)

PROPERTY INFORMATION

Type of Property (check box that applies):

☐ Business	☐ Residence	☐ Other:

Property Name:

Property Address:

Property Phone #:	Property Hours:	Days of Operation:

CONTACT INFORMATION

Contact Person Name:	Phone #:
Email Address:	Cell Phone #:
Alternate Person:	Phone #:
Email Address:	Cell Phone #:
Are you part of a neighborhood/business watch group? YES NO	Name of group:

SYSTEM INFORMATION

System Brand:	Model:
IP Address(s) or DynDNS:	Port #:

# of Fixed Cameras:	# of PTZ Cameras	# of Storage Days:

File Format: ☐ MPEG4 ☐ H.264 ☐ Other	Windows Media Player Compliant? ☐ Y ☐ N
Generic User Name:	Generic Password:

Sketch building entrances, exits, parking lots and approximate camera fields of view:

N ↑

Any Questions please call Officer Joe Silva @ 937-8209 or CSO Rosie Calderon @ 937-8304