BOROUGH OF AVALON DEPARTMENT OF PUBLIC SAFETY

3000 Dune Drive Avalon NJ 08202

Jeffrey Christopher *Chief of Police*

Phone (609) 967-3411 Fax (609) 368-0114

Voluntary Camera Registration Form

Date:	
Type of Location:	
Name/Business Name:	
Street Address:	
SECURITY CAMERA DETAI	LS
Number of Cameras:	
Describe areas recorded	
Exterior to the Front	Exterior to the left (when you face your door the left
Exterior to rear	side of your residence) Exterior to the Right (when you face your door the right side of your residence)
Driveway Roadway	side of your residence)
How is the video saved?:	
Person to contact:	
Contact Number:	
Additional Contact Number(s):	
Additional Information:	

Any questions contact Sgt. Steve Bowers sbowers@avalonboro.org

The Avalon Police Department thanks you for voluntarily providing your private security camera details. Return the completed form to the Avalon Police Department, fax to 609-368-0114, or email form to Sgt. Bowers avalonboro.org