



Security Camera Registration Form

Registered Owner Name: _____

*Address of Camera System: _____

City: Manhattan Beach Zip: 90266

Location is: (check one) Business or Residence

Company/Business Name (if applicable): _____

Contact Phone: () _____ Email: _____

**One location per form. To register multiple locations, please use separate forms.
-No P.O. Boxes accepted-*

System Information

Describe the areas the cameras cover: (i.e. front porch, facing street, sidewalk, etc.)

Camera 1: _____

Camera 2: _____

Camera 3: _____

Camera 4: _____

Camera 5: _____

Are images stored on a DVR or recording device? Yes How long? _____ or No

Note: Registrant is aware and consents to the release of video imagery to the public/media or to requestors as allowed under the California Public Records Act

To Return Form Via Email or Mail:

Email: mbpdcams@citymb.info or

Mail: Manhattan Beach PD, Attn: Community Affairs, 420 15th St, Manhattan Beach CA 90266