

Security Incident Notification

Instructions:

All criminal activity, security breaches, and alarm activations must be reported to the Sacramento Police Department. This form must be submitted within 24 hours of a security incident to the Office of Cannabis Management. Please note this form *does not* substitute for reporting the incident to law enforcement and that the information provided herein may be subject to the California Public Records Act. Complete this form *only* if there has been a security incident and submit by email to: cannabis@cityofsacramento.org.

Business Name: _____

Premises Address: _____

Operating Permit Number (OP#): _____

Date of Incident: _____

If there are other businesses owned by the permit holder where the incident occurred, please list below:

Business Name: _____ **(OP#):** _____

Business Name: _____ **(OP#):** _____

Business Name: _____ **(OP#):** _____

Was the incident reported to the Sacramento Police Department: Yes____ **No**____

If yes, please provide the incident report/case number: _____

Name of Private Patrol Operator: _____

If cannabis and/or cannabis products were stolen during the incident, please provide an estimate of the amount: _____

If non-cannabis items were stolen during the incident, please provide an estimate of the amount: _____

Please provide a brief description of the incident below:

Certifications:
(initial the section below)

____ I certify that the information provided is true and correct to the best of my knowledge.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

FOR STAFF USE ONLY:

Date Received & Filed: _____

Staff Signature: _____ **Date:** _____