

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 on the 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 report 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:** _____