

**NOTIFICATION OF CRIMINAL ACTIVITY, SECURITY BREACH,  
ALARM ACTIVATIONS AND PRIVATE PATROL RESPONSES**

Business Name: \_\_\_\_\_ OP#: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

If there are other businesses owned by the permit holder/applicant where the incident happened, please list them below:

Business Name: \_\_\_\_\_ OP#: \_\_\_\_\_

Business Name: \_\_\_\_\_ OP#: \_\_\_\_\_

Business Name: \_\_\_\_\_ OP#: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Was incident reported to the Sacramento Police Department: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide incident report number/case number: \_\_\_\_\_

Name of Private Patrol Operator: \_\_\_\_\_

Please provide a brief description of the incident below:

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If cannabis 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: \_\_\_\_\_

**\_\_\_\_\_ I certify that the information provided above is true and correct to the best of my knowledge.**

Owner or owner's representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All criminal activities, security breaches and alarm activations must be reported immediately to the Sacramento Police Department. The completion of this form satisfies the condition of your Business Operating Permit (BOP) to notify the Office of Cannabis Management (OCM) of all criminal activities, security breaches and alarm activations within 24 hours of the incident but is not a substitute for reporting the incident to law enforcement. Please note that the information provided herein may be subject to the California Public Records Act.*