



ALBANY POLICE DEPARTMENT

After Hours Business Contact Form

The Albany Police Department has updated the method used to provide the most current information to sworn officers and dispatch when someone needs to be contacted after businesses are closed.

Below is the form that is being used to capture the information necessary to make contact as quickly and seamlessly as possible. You may notice that it is asking for dates of birth. This can be used by police officers and dispatch to verify they are speaking to a legitimate contact individual. A question about weapons on the premises has been included in the information section, which is important for officer safety.

Please complete all of the fields. If you have any questions, please contact the Albany Police Department at 1+ (510) 525-7300. Print, fill out, and mail, drop off, or email the After Hours Business Contact Form to:

Albany Police Department - 1000 San Pablo Ave, Albany, CA 94706, Attn: Neighborhood Services Manager
albanypolice@albanyca.org

Business Name

Street Address

City

State

Zip

Business Email Address:

Owner's First Name:

Owner's Last Name:

Owner's Date of Birth

Business Phone Number

Contact (1) Name

First

Last

Contact (1) Address:

Street Address

City

Contact (1) Phone Number:

Contact (1) Date of Birth:

Contact (1) Cell Number:

Contact (1) Vehicle Make and Model:

Contact (1) License Plate Number:

Contact (2) Name

First

Last

Contact (2) Address:

Street Address

City

Contact (2) Phone Number:

Contact (2) Date of Birth:

Contact (2) Cell Number:

Contact (2) Vehicle Make and Model:

Contact (2) License Plate Number:

Additional Information-Answer the Following

Please list any additional information that would assist the Albany Police Department (vehicles normally found on the property, license plates, descriptions, weapons on the premises, etc.).

Do you have an entry code? (Gate, door, etc.)

Yes

No

Do you have a security system?

Yes

No

If "yes", security monitoring service name:

Security monitoring service phone:

Do you have video surveillance?

Yes

No

How long do you retain the video surveillance?

Name of someone who will know how to operate/download the video:

First

Last

Phone Number of the person who can operate/download video

Are there weapons on the premises?

Yes

No

Additional Information you would like to add:

End of Form

Thank you for completing the After Hours Contact Form. The information retained is for law enforcement use only. Should the information change prior to us contacting you for updated information, please resubmit the form.